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EDITORIAL COMMENT

With this, the Christmas issue, we wish our readers a happy holiday season. While we cannot but be thankful for the continued peace and prosperity of our own country, our joy will necessarily be over-shadowed by the warring conditions which exist in so great a part of the civilized world. Particularly to the women of our own profession in these countries, we extend our greetings and sympathy.

SPECIAL CAMPAIGN FOR THE ROBB MEMORIAL FUND

The committee of the Isabel Hampton Robb Memorial Fund has wisely decided to take prompt and energetic measures to complete without further delay the Fund which five years ago it undertook to establish on behalf of the nursing profession of the country. By the time this issue reaches our readers, circulars and appeals will have been sent forth by the committee, intended to reach into every hospital and training school and into all of the associations of nurses, great and small, through which the profession is represented. We bespeak from nurses everywhere, pupils and graduates, a cordial and hearty response to the appeal of the committee, and urge them to that kind of active and effective coöperation which nurses know so well how to give. The cause is one to which we have already and gladly pledged our loyalty.

The memory of her whom we would honor is deeply enshrined in our hearts; her work is a fresh and living influence in our training schools. Our associations, one and all, owe their inception and first impetus to her leadership, and their growth bears witness to all those early years of devoted effort which she gave for them. Our indebtedness to her is something that cannot now be measured, for as yet we are too close to her work to see it in its fulness. No better way could have been devised, however, of showing how truly we comprehend its

value and its significance than through this great educational Foundation.

The importance of the work which the Fund is designed to carry on stands out more and more distinctly as the years pass, and the need for improvement in the educational aspects of our work manifests itself in more directions and to a larger number of people. It is unquestionable that the work which nurses are doing is growing in importance all over the world. The demand is increasing for nurses capable of teaching in an effective way the needful things which people are waiting to learn. The public is asking this, public schools are requiring it, and insisting upon having nurses who can teach. Medical and sanitary knowledge is being carried over to the people, to mothers, children, families, more largely and more fruitfully through nurses, than through all the other sources put together. But no nurse can teach well what she does not fully understand. She must be in command of her subject and of the best methods of teaching if she is to make it live in the homes and habits of others. Nurses themselves are recognizing the inadequacy of their preparation for the newer things which are more and more being demanded of them, not only in the work of hospitals but in all of the varying departments of public health activities. As colleges and special schools are providing facilities for further preparation, nurses are making inquiry in regard to scholarships and other means of obtaining such advantages as are being offered. During the past three years, twelve nurses have been awarded Robb Fund scholarships, thus being aided in obtaining one year of special preparation for advanced administrative work, although the present income of the Fund is but a small fraction of what it eventually will be.

The amount of the Fund at the present time is something over \$15,000, an average of \$3,000 a year for the five years of its growth; the Fund will be completed when it has reached the sum of \$50,000. The development of this Fund should be distinctly the interest of every nurse in the country who is ambitious to have her profession reach its highest development and of every hospital which desires to have its nursing more intelligently and efficiently done through the better trained teachers which these scholarships help to create. The Fund is a symbol of the ideals for which we are striving; it points the direction toward which we are constantly and steadily moving. The whole trend of civilization is for that moral and spiritual uplift which has for its object the making the world a better place for those who are to follow. The object of this great educational Fund is that the nurses who are to come after us shall have at their command opportunities and facilities which those of today have largely been denied.

The appeals for this Fund in the past have been made principally to the affiliated organizations of the American Nurses' Association and to individual nurses; the appeal which is now being issued is to all nurses everywhere and more especially to the pupils in training, who are being urged to contribute by classes in such amounts as they can afford, no sum too small and no amount too large. The aim of the committee is to make one strong effort to complete the sum of \$50,000 and then to close the Fund for all time. The amount to be raised, \$35,000, may seem a large one, but when we remember that there are 26,000 members in the American Nurses' Association and approximately 30,000 pupils in our schools, it becomes a perfectly reasonable and possible task, provided the appeal can be made to reach, through the superintendents of the schools and the officers of the associations, the rank and file of our membership. The task is a glorious one. Let us bend ourselves to its accomplishment, realizing fully that our Fund can be completed if every nurse will but give what she can, no matter how little.

EDITH CAVELL—FURTHER INFORMATION

Some of our subscribers were doubtless disappointed at the delay in the receipt of their November JOURNAL, but this was due to our holding up the printing of the magazine to insert Miss Scovil's account of Edith Cavell. Since the publication of that article, we have learned from the *British Journal of Nursing*, of October 23, something more of Miss Cavell's professional life than Miss Scovil was able to obtain at the time of the preparation of her paper.

Miss Cavell was trained at the great London Hospital, entering this school in 1896, doing five years of private nursing and holding two important executive positions in English hospitals, before she was appointed, something more than eight years ago, matron of the new nursing school in Belgium, the *École Belge d'Infirmières Diplômées*. It will be remembered by some of our readers that she attended the International Council of Nurses in London in 1909 and presented a paper on Nursing in Belgium. Concerning her work there, the *British Journal of Nursing* states:

In 1909 this school, founded to improve the training of nurses, to open a new career to Belgian girls, and to train new aids to the cause of science, had 13 pupils, for whom a varied and practical three years' curriculum had been arranged. By 1912 it had passed the experimental stage, and had 32 pupils training in four different hospitals, each with its trained matron, and a trained nurse in each ward. Miss Cavell still held the position of matron of the school when the war broke out. A Red Cross ambulance was immediately started by the Committee, who equipped a number of beds in neighboring houses for the wounded

of all nationalities. Her nursing staff was to have been distributed among these houses, together with many English and Belgian ladies who had offered themselves in a subordinate capacity, but after the entry of the Germans into Brussels, Miss Cavell put herself and her staff wholly at the disposal of the authorities. She could, had she wished, have left Brussels with the party of British nurses who, owing to the good offices of the American Consul, were eventually allowed to return, with an armed guard, as far as the frontier, by way of Denmark, but refused to do so. After the enemy's occupation of Brussels, she and her staff worked hard and cheerfully among wounded German officers in the Royal Palace.

The accompanying photograph of Miss Cavell is reproduced from the *British Journal of Nursing* of this same issue.

Miss Cavell was executed on October 12, and on the 29th of the same month, a memorial service was held at St. Paul's Cathedral which was attended by representatives of the King and Queen and by many government officials. Already movements are on foot for the establishment of three distinct memorials to Miss Cavell: a statue, from funds raised by the *Daily Telegraph*; a nursing college in Brussels, as suggested by the *British Journal*; and a fund toward building the new nurses' home at the London Hospital, which Queen Alexandra has asked to have named the Edith Cavell Home, rather than the Alexandra Home, subscriptions to be sent to the *Daily Mirror*.

The penalty which Miss Cavell paid by her death is the same, we suppose, as would have been meted out to a man under similar conditions and we may all glory in the fact that she met her death with the same courage and fortitude that the world expects from its great soldiers.

STATE MEETINGS

Reports that are being received in this office from meetings held in many states show a growing development in those associations, as evidenced by the large attendance and enthusiastic conventions. Valuable papers which have been read at a number of state meetings will be given place in this JOURNAL during the winter.

The New York State meeting, held in October, was perhaps the largest and most impressive gathering of nurses which the association has had since its pioneer days. The programme, taken as a whole, was exceptionally fine and one of the encouraging features was the fact that, with one or two exceptions, the officers of the association and the authors of the papers presented belong to the group of younger women who are just becoming known in organisation work. It has been an inspiration to us to find this same kind of progress in meetings on the two extreme borders of the country, that of the Washington State Association, which we attended in the spring, and that of New York, so recently. We be-



EDITH CAVELL

Reproduced by permission from the British Journal of Nursing

lieve the state associations, which are bringing together large groups of people whom we do not see at the national conventions, are becoming more and more the real centers of education.

RETURN OF THE RED CROSS UNITS

As groups of Red Cross nurses are returning to their home centers, they are receiving a welcome from their associates which is being expressed in various ways, by receptions, or dinners or meetings, where they are giving accounts of their experiences. As pretty a dinner as we have ever attended was given by the nurses of our own city to two of the five representatives of the Rochester Red Cross band. One hundred nurses, representing all the schools of the city, were present and listened eagerly to the addresses of those returning from the hospitals in England at Haslar and Paignton. These speakers had not been near the firing line, but their description of the English hospital equipment, methods of transferring the wounded from the battle fields, the character of the wounds and their effect upon the patients nervously, made it all most realistic when described by nurses who had actually taken part in this work. The dinner served the double purpose of bringing together a larger number of nurses than is usually found in any meeting of the nursing organizations of the city and of giving a warm welcome to those who had represented Rochester in foreign service. The ingenuity with which the emblem of the Red Cross was used in the table decorations and even in the garnishing of the dishes, provided a novel and pleasing effect.

THE CENTRAL CLUB FOR NURSES IN NEW YORK

The ceremony of laying the corner stone of the new club house for nurses by the Young Women's Christian Association took place on November 17, with appropriate ceremonies. Inclosed in the box to be placed in the corner stone were a copy of the November issue of the *AMERICAN JOURNAL OF NURSING*, a history of the formation of the Club, a list of its charter members, coins of the year, an authorized edition of the Bible, and a list of the officers of the Young Women's Christian Association.

It is expected that the building will be finished by another fall and that the Central Club, maintained by the New York County Nurses' Association, will be located there.

PROGRESS OF STATE REGISTRATION

The Alabama bill for state registration which was approved by the Governor on August 6, is published in full in this JOURNAL and it will be seen that the State Nurses' Association submits to the Governor a list of physicians and nurses in good standing from which three physicians and two nurses are to be selected to constitute the Board of Examiners. Other terms of the bill are much the same as in a number of other states.

Another bill, subsequently introduced by Mr. Lee of the Public Health Committee, the text of which is also given, prohibits white female nurses from nursing in wards or rooms of hospitals, public or private, in which negro men are placed for treatment. This was vigorously opposed by members of the State Nurses' Association who suggested an amendment which would have given white women supervision over colored nurses and orderlies, but this was lost. They were unable to influence either the legislators or the Governor.

To those of us who have cared for colored patients in hospital wards, this seems a very arbitrary ruling. The reason given for such legislation was that the colored wards in some of the southern hospitals are not respectable places for white women, but the legislators seem to be blind to the fact that the fault for such conditions lies in the administration of the institution and is not the fault of either the white nurses or the colored patients.

MEETING OF THE ADVISORY COUNCIL

The policy of the directors of the American Nurses' Association at their October meetings was to postpone until January the discussion of some important questions and to invite all the state presidents to meet with them then for conference, especially upon the contemplated changes in the by-laws which, according to the plans submitted, would mean a reorganization of the plan of representation for our conventions. The growing recognition of the state associations as the important educational units of our system makes the attendance of the state presidents very important. We understand that there is some feeling that New York is not a sufficiently central place for such a conference, but it is now too late in the year to change the place of meeting for all the boards and committees. The advisability of holding these conferences in different parts of the country would be a point for discussion before the new by-laws are adopted.

EARLY DAYS IN THE FIRST AMERICAN TRAINING SCHOOL FOR NURSES

By LINDA RICHARDS, R.N.

Lowell, Mass.

This school was organized in connection with the New England Hospital for Women and Children, now in Roxbury, Mass., but which at the time of the opening of the training school, September 1, 1872, was located in one of the busy sections of the city of Boston. The organizer was Dr. Susan Dimock, a young woman who had completed four years of study in Europe and who had, even before her return to America, been appointed to the position of resident physician of the hospital. Some time previous to the opening of the school I had been informed that such a school was to be organized and I had made application for admission, had been accepted and my name had been placed on file.

About the middle of August I had received instruction to present myself at the hospital upon the opening day of the school. This I did, arriving at about 9 a.m. I was shown into the reception room by a maid who said, "You are to wait here till the doctor comes to see you." I had not long to wait till a small, very dignified and very pleasant little lady appeared and introduced herself as Dr. Dimock, saying to me, "You are Miss Richards, I suppose." Upon my answering in the affirmative she placed a chair near mine, telling me to be seated while she seated herself and, after asking me a few questions, she told me in the kindest way what some of my duties were to be and spoke earnestly of some of the necessary qualifications in a nurse, particularly did she mention gentleness and kindness, earnestness and promptness. When she had ended her little talk, which left an impression upon me which has followed me all these long years since that time, she went with me upstairs and spoke to a nurse who came to us. After introducing me she said, "This is our first nurse to enter the training school." This nurse was instructed to take me to my room, have me get ready for duty and then take me to her ward where I was to act as her assistant. To say that the nurse greeted me cordially or kindly, would be stating an untruth. When has one ever seen old hospital nurses cordial to pupils entering the training schools? Of this the present probationers and pupil nurses know nothing, as all are in training, but the early nurses in training schools suffered not a little from the majority of the old hospital nurses who were very jealous of those who, they felt, would



Linda Richards

supplant them and who they, in their own hearts, knew would care much better for the sick under their care. The old hospital nurses, with whom the very early pupil nurses were of necessity thrown, were like all of their class, and the first nurse I met upon entering the training school, so long as she remained in the hospital maintained the same attitude toward me as she did upon our first meeting. But our class, which numbered five, was soon full and a more united class I have never seen. We cared very little for the scowls of those who would not enter the school themselves but would make it so unpleasant for those who did.

At the end of my first two weeks in the school, the hospital was moved to the then new buildings in Roxbury. The moving was indeed an event, sick people, doctors, internes, nurses and servants with all appliances of every kind. The new buildings consisted of a main or hospital building which would accommodate sixty patients, with a suite for the resident physician, rooms for the internes (then four in number) and nurses. The servants lived in a small cottage near the main building. In the rear of the main building was a two-story maternity building of two wards, one on the ground floor and one on the second floor. These wards accommodated six patients each, with a delivery room. There were nurses' rooms leading off the corridors and there was also a room for an interne. Three nurses were assigned to this building, one for each ward and one for night duty. The wards were used alternately; one would be filled and while the patients were gradually going home the other would be filled. As each ward was emptied it was very thoroughly cleansed. The nurses had none of this cleaning to do; women scrubbers always attended to that.

In the main building the wards were small. The larger wards contained four beds and the small wards two. A nurse's room was between these two wards and one nurse had charge of the two. If the six patients were not very sick she did her work alone, taking care of her patients day and night. If the cases were hard, she would be given some outside woman to assist her and some one would be called in to care for the sickest ones at night. This neither patients nor nurses liked, as the care given at night frequently counteracted the good done by day and the nurses would often find the sick patient crying in the morning, because hot compresses had only been warm all night or some other discomfort had been occasioned by having a woman knowing nothing of nursing. After six months of the school, this was all changed as one of the pupil nurses was put on night duty and from that time on things went better.

Each ward had its open fireplaces, in which a fire was kept night

and day from early autumn till late spring, each nurse keeping her two fires, receiving excellent practice and often becoming very skillful in that particular branch. These fires were not so much for the purpose of heating as for cheerfulness and ventilation. In each nurse's room was a set bowl with hot and cold water and on her wall was a small medicine chest. The rooms, though small, were very comfortable. There were three doors, one opening into each of her wards and a third one, into the corridor.

Nurses had their meals served in the same dining room as the doctors but at a separate table and at different hours. The meals were of excellent quality and were well served. The housekeeper, a very excellent woman, presided at their tables. The hours of duty for nurses were from 5.30 a.m. to 9 p.m. with no particularly-appointed times off duty. If the wards were light, nurses might go out with some degree of regularity; if hard, the nurses must wait till they were light. The appliances were not like those of today. For instance, the thermometers were large, clumsy things which bent at right angles and which had to be left in the axilla fifteen minutes before the temperature could be read and then it must be read before removing the thermometer. It was indeed discouraging when a patient, wishing to help the nurse, upon seeing her go towards her bed would take out the thermometer, hand it to the nurse and say with a smile, "There, nurse, I have taken it out to help you." There was nothing left for the hurried and often tired nurse to do but to take the thermometer and replace it for another fifteen minutes. These were very precious articles, costing five dollars, and nurses when unfortunate enough to break one had half the price to pay. But even that, to nurses in training, if indulged in very much, became a very expensive pleasure and only a very reliable patient was allowed to hold the thermometer by herself.

The course of training covered one year, three months being spent in the medical wards, three months in the surgical wards, three months in the maternity, two months caring for private patients and one month on night duty. The visiting staff consisted of Dr. Zekezewska, Dr. Morton and Dr. Sewall. They each manifested interest in us as a class and often called our attention to points which were very helpful to us. Dr. Dimock was the very able surgeon and Dr. Samuel Cabot was the consulting surgeon. Twelve most excellent lectures were given by the staff and these, with a few demonstrations in bandaging given by the young doctors or internes, were of great value to us. Our practical instruction was very largely given by Dr. Dimock, who was most careful in every detail. From the internes were received very valuable instruction and as they were all young women, our intercourse with

them was in no way restricted and some of us found friendships which have continued through all these years and are as strong today as they were at that time. No text books were to be had at the time of our training. The first pupils determined to make the most and best use of everything which came in their way, formed themselves into a class and met when occasion permitted, always after duty hours. By questioning each other and taking care to report any new thing, they managed to acquire considerable knowledge. The underlying principles of the common nursing procedures were those now used. We had no demonstrations of either bathing or of giving enemata, but we were carefully told, then watched, and corrected if we made a mistake. While at a demonstration at the Massachusetts General Hospital recently, I saw only the methods I used in teaching years ago, the only change being in using dolls instead of living subjects. There are many and superior appliances and many more instructors, but the principles taught are the same. The beds look the same as ours did in the New England Hospital. They are higher and not as hard to make now, that is the only difference. I was complimented at Bellevue upon my bandaging and I had really had very little instruction, but the members of our class practised upon each other.

In the board of managers the pupils had firm friends. They knew the faults and virtues of each nurse. They were kind and considerate to us, and we could always count them as friends. There were on the Board such women as Mrs. Edna D. Cheney, Mrs. Arthur Cheney, Mrs. Boardman, Miss Helen Kimball and Miss Susan Carey. Miss Kimball is now president of the Board. There were others, but with the passing of the years their names have gone from me. All were beautiful women and one can well feel honored at having been associated with them.

As I look back upon that year of training, now so far in the past, it looks like a pleasant dream, not in the least a pleasant reality, but when I look upon my diploma, which bears the date September 1, 1873, having the names of some of the very people I have mentioned, I am reminded that it is no dream, it is living reality. How well I remember the morning after my year had closed. Dr. Dimock sent for me to go to her office and very quietly and with a few well chosen words of advice handed me my diploma. It meant much to me, this being a graduate nurse, and the only one in the country. I took my diploma and went to my room for a few moments of quiet thought. I thought of many things which I will not write here, but which I distinctly recollect. I had been trained for hospital work. I would continue in it, if God gave me health and strength; this was my determination. Hardly had I

graduated before three hospital openings came to me, one from my own hospital, to remain as instructor of nurses, one through Dr. Augusta Pope and Mrs. Hobson, who at that time was one of the managers of the Bellevue Training School, and one from the New Haven Hospital. The call from Bellevue was for a night superintendent in their training school, some months younger than our own. This I accepted, engaging to remain one year. At the expiration of my year there I was asked to go to Boston to take charge of the school at the Massachusetts General Hospital. I accepted this call and so it came about that this first American Training School for Nurses gave to the Bellevue Training School its first graduate superintendent of night duty, and to the Massachusetts General Hospital Training School, its first graduate superintendent of nurses, and this not because of any particular ability or merit possessed by me, but because I was the only available person in both instances. When one looks backward over all the years when so much has been accomplished and thinks of the many facilities at hand now to make the training for nurses the very best possible, when we feel that all and even more than all these are only necessities, and then compare the present with the very beginning, when there was literally nothing but the determined class of pupils, with a little, frail, retiring woman loaded with the cares of the hospital and all its patients, the young doctors to instruct, the nurses to train and all this in addition to her own private practice, we wonder how she, in the face of all the difficulties, could have so successfully laid such a firm foundation. It was well laid. It has stood the storms of years. It stands firmly planted today. She surely made bricks without straw, but they show not the least sign of decay. They will be perfect long after we have passed away. Let us not forget to give honor to the founder.

RECENT DEVELOPMENTS IN THE PRELIMINARY COURSE¹

By CLARA D. NOYES, R.N.

New York, N. Y.

In looking through the early reports of the American Society of Superintendents of Training Schools, now the National League of Nursing Education, I noted in that of the year 1900, some fifteen years ago, reports from schools from all parts of the country, including Canada, showed a readjustment of the curriculum to the extension of the course from two to three years, then an innovation. It is rather

¹ Read at a meeting of the New York State League for Nursing Education, New York City, October 19, 1915.

interesting to observe that not a single one of these reports makes any mention of the utilisation of any part of this additional time for preparatory or preliminary work. This is not surprising, as I am sure this sudden extension of the course of training from two to three years, affording an opportunity to give more time to classes and lectures and to increase the subjects or, at least, the hours for subjects, which had been compressed into two years, must have lifted a very heavy burden from the shoulders of the harassed superintendents of these schools.

The plan for a preliminary course was evidently taking shape in the brain of at least one principal of a school for nurses for, in 1901, the Johns Hopkins Hospital Training School for Nurses at Baltimore, of which Adelaide Nutting, now the director of the Department of Nursing and Health at Teachers College, was the superintendent organised a six-months' course. Says Miss Nutting in part in her report to the U. S. Bureau of Education:

The course as originally outlined here covered a period of six months, and provided instruction in the fundamental sciences which underlie the art of nursing, such as anatomy and physiology, bacteriology and chemistry, materia medica, hygiene, dietetics (with laboratory work in cookery), housewifery, sterilisation and disinfection, and the elementary principles and procedures in nursing. It was realised that a few months spent in preparation of this nature would enable the student to enter the ward and begin the practical care of patients and the study of disease under conditions favorable alike to educational growth and to the safety and welfare of her patients.

Instead of being the unskilled performer of successive acts, the meaning and purpose of which she was frequently entirely unable to comprehend, the student could approach her practical work prepared in some small degree, at least, to profit immediately by the opportunities offered, and to avoid the errors, the losses through ignorance and ill-directed effort, and the period of distressing mental confusion through which almost all conscientious student nurses passed when trained under the older system, which placed them at a very early stage of their training at the bedside of the patient, entirely unprepared and unfortified.

The report of this same department, in the year 1905, showed that 43 training schools in various parts of the country had established similar preparatory courses.

In 1911, we find from statistics gathered by the Educational Committee of the American Society of Superintendents of Training Schools, 86 schools had established preliminary courses. That such courses have increased quite generally since that time would be quite safe to assume. I regret, however, that I have not been able to collect figures that would give us definite information on this subject. That the underlying principles of this plan of preliminary teaching are sound

Recent Developments in the Preliminary Course 181

is evidenced by the fact that at least one State Department of Education (and I believe, two others) have approved of it and one, that of New York State, has stated in its requirements for registration of schools, that such schools of nursing must be prepared to give a preliminary course of instruction of not less than four months, during which term the pupils receive the theoretical and practical instruction necessary before undertaking any actual nursing in the wards.

In 1911, from the statistics to which I have already referred, the courses varied in length according to the table:

1 college year.....	1
6 months.....	11
4 months.....	7
3 months.....	34
2 months.....	23
6 weeks or under.....	10

If we were to canvass these same 86 schools, I imagine we would find very little difference, as far as length of course is concerned, except in those schools giving a six weeks' and two months' course. I believe that a very distinct effort has been made to lengthen these shorter courses. Furthermore, I believe that we would find very little difference in the curriculum, as far as subjects are concerned, but I do believe, from what I have been able to gather from a general inquiry, that we would find three very gradual but definite changes taking place in our preliminary courses: in the method of teaching and thoroughness of instruction; in the time devoted to teaching the various subjects; in the release of the pupil as a definite member of the ward staff.

In returning to the first heading, "The method of teaching and thoroughness of instruction," there seems to be no question but that each year sees more attention given to this aspect of the preliminary course. The properly prepared nurse instructor is greatly in demand. Teachers College has no difficulty in placing its graduates long before they complete their course and could probably place many more. The demand is quite insistent from all parts of the country and from schools large and small. In the report of the Committee on Nursing and Health, published in the 1914 report of the National League of Nursing Education, 22 requests for instructors were noted.

The effort made to secure better class and demonstration rooms, proper teaching equipment and laboratory facilities, has resulted in more thorough and detailed instruction. In order to do careful teaching, a teacher must have suitable apparatus and facilities for teaching.

Small schools are frequently taxed to their utmost to secure such opportunities, but nothing seems impossible. One of the most thorough courses in invalid cookery that I have ever seen given was accomplished with one small gas stove in a tiny ward kitchenette. Small schools and, for that matter, large ones, too frequently overlook facilities and material for teaching which lie directly beneath the eyes of those in authority.

The nurse instructor seems to be replacing, very largely, except in purely medical subjects, the physician. For instance, chemistry, hygiene, materia medica, anatomy and physiology, urinary analysis and bacteriology are now being quite generally taught by the nurse instructor. Although I was sent, quite recently, a curriculum by a school asking affiliation, in which one lecture in ethics of nursing was scheduled and that to be given by a physician, we have found it quite impossible, of late, in the school which I represent, to publish our curriculum in detail. The work does not stay "put." Each year seems to see the necessity for more detailed instruction and a re-arrangement of the subject.

This leads me to the second heading: "The time devoted to teaching the various subjects." The plan, as outlined in the curriculum presented by the Education Committee of the National League at their annual convention in 1914, reducing to hours the theoretical instruction, I am convinced startled a large number of superintendents of schools of nursing into a careful consideration of the theoretical work and its relation to the practical work given in their schools. I know its effect upon one school and the results obtained by a careful comparison with that which was recommended. I know that chemistry was added to the curriculum and a proper laboratory equipment was secured. I know that the number of hours devoted to the usual preliminary subjects, anatomy and physiology, drugs and solutions, hygiene, bacteriology, ethics and practical nursing was increased. In order to do this, the hours of practical work in the wards were decreased. If this was the result in one school, probably as salutary an effect has been felt in other schools. It had been found by many schools, especially with the three and four months' preliminary course, quite impossible to complete the work in all subjects during that time. Several subjects, such as materia medica, dietetics, anatomy and physiology, nursing and ethics are continued through the second half of the first year, while ethics, history of nursing, practical nursing and advanced dietetics are carried, with good results, into the third year.

In order to give the careful and detailed attention to teaching which has seemed to be one of the most marked developments observed in

Recent Developments in the Preliminary Course 183

a consideration of preliminary courses, three very important points have needed to be considered, viz: first, properly prepared pupils to teach; second, time for teaching; third, time for study.

In New York State, at least, the minimum educational entrance requirement has been secured by law. The superintendent has been supported by the strong arm of this enactment. That it is too low, we will admit, but it is just and it has unquestionably raised the standards in schools of nursing, not only in this state, but quite generally throughout the United States. It has not only brought better applicants to our schools, but more of them, we are not hearing so much about the "dearth of applicants," as we did one or more years ago. As a matter of interest I append a table showing preliminary education of a group of thirty young women who entered Bellevue Training School September 1.

Complete or partial college course.....	6
Complete or partial normal course.....	2
Complete high school course.....	10
Three years high school.....	3
Two and one-half years high school.....	1
Two years high school.....	4
One year high school.....	2
Private school.....	2
<hr/> Total.....	<hr/> 30

It is very disappointing that some of those with a college degree or a high school diploma or normal school training showed very serious defects in preliminary education, which was demonstrated by inability to spell many of the commoner words such as "separate" and "exaggerate" correctly, while a simple word like "early" was spelled "earlie," and "speech," "speach."

But it is not with the methods of teaching in our secondary schools and colleges that we are concerning ourselves. After all is said and done, we must depend upon the high school for our material, as we certainly have no better educational foundation at present upon which we can superimpose our nurse education. Given, therefore, the pupil who meets our requirements, as far as possible, in mind, body and heart, we must have time in which to teach her the fundamental principles of nursing and this we tried to do, and many others are trying to do it now, in a six or eight hour working day in the ward, and cramming three or four hours daily in theoretical instruction in the class room. This has not seemed to work out efficiently and quite naturally and gradually the hours in the ward have been reduced, until in some schools

the pupil does not go to the ward at all during the first two or three weeks, or even longer.

May I again refer to my own personal experience and give our plan of practical work during this period?

First week: Consideration in class of all rules and regulations governing the residence. Excursions to all parts of the hospital, in order to familiarize the pupil with the location of various departments. Classes in bedmaking, dusting and care of bed rooms. Assignment of lessons, etc.

Following the first week, pupils may be sent to wards for practice work. At no time during the entire preliminary course is the pupil considered as a definite part of the ward staff, although she may spend two hours or more on certain days in the ward or in related departments.

A definite plan appended, has been adopted, whereby the pupil, from the moment of entrance, gains an insight into the administrative side of the hospital and acquires a knowledge of its purposes and resources.

1. *The bureau of information*, where she learns the problem of answering inquiries, of visiting hours, etc.

2. *Admitting baths*, where the detail of the admission of patients is taught; care of property and clothing.

3. *Surgical supply room*, where she assists with the making of dressings; giving out of supplies, etc.

4. *Laundry*, not fully developed.

5. *Crematory*, for destruction of waste.

6. *Social service department*, two weeks.

The time spent in each department varies according to the size of the class, but each pupil is given some experience in each, but always two weeks in the Social Service, although the time spent each day may not be more than two hours.

In order that the teaching may bring the best results, there must be time for study, and this study should be supervised. A definite supervised study hour should be arranged. Collateral reading should also have proper direction. A well selected technical library should be provided, if possible, in a separate room.

In making these few fragmentary observations, I realize that I have not contributed very much information concerning progress or development of the preliminary course. I had hoped to make some special inquiries among the smaller and special hospital schools, for I am convinced that very little is being done to give the pupil thorough elementary nursing instruction by means of the preliminary course in many schools. The old method of filling vacancies as they occur

in the pupil staff still prevails quite generally, which increases the difficulty. I am sure the problem is a difficult one for these schools and I am not prepared to offer suggestions for its solution. I am, however, deeply concerned with them and about them. My familiarity with the pupils from over forty schools which are affiliating with Bellevue and Allied Hospitals and innumerable post graduates and even graduate nurses, leads me to believe that very serious neglect of the proper elementary instruction does exist. It is demonstrated in a thousand ways: lack of proper ethical understanding, careless nursing methods and, many times, total lack of familiarity with the simplest procedures, such as pulse taking and temperature readings, making of solutions and administration of drugs and hypodermics, accompanied by untidy and slovenly habits in work and elsewhere.

I am amazed when I contemplate the effort made to secure additional experience by post graduate work or affiliations, the perfect willingness to spare pupils for nine or ten months, or even their entire second year, to send them long distances, to pay their traveling expenses and the very definite desire to coöperate, especially during the first year's work, in theory, to conform to that given in our schools. All this shows a compelling force at work, an aroused sense of justice to pupil and patient and an awakened consciousness of neglected responsibilities.

HOW SANTA FOUND THE CHANGSHA CHILDREN

By ALFRED C. REED, M.D.

Changsha, China

The children were all there. There was no doubt of that. They did not look exactly like other children in other parts of the world but their faces were just as bright and their eyes were just as wide and their hearts palpitated just as hard as the faces, and the eyes and the hearts of little American folks who at that same hour were also looking for Santa away off beyond the wide Pacific. Yes, their breathless expectancy was just as it should have been and was, perhaps, a little greater, because they had never seen or heard of Santa before and were drinking in with pathetic eagerness all that the speaker was saying about the first Christmas, also in an oriental land, and about the little children there who also had never seen a Christmas before and did not know what it was to mean.

They listened intently to the old sweet story, and then the speaker began to tell about the Christmas spirit and how all over the world

children were happy just because it was Christmas and the children's time. He told them how the kings of the east first brought gifts, and then how, when the Babe of Bethlehem was no longer there, people began to give gifts to those who needed them because that was the spirit of the Babe who was very poor himself, and then people began too to give gifts to their friends and loved ones, and then, finally, after a very long time children came to expect old Santa Claus who came every Christmas from snowy forests of the north and brought an overflowing supply of gifts and happiness and good cheer to all the children.

So here these little children, in the middle of China, were expecting Santa and were filled with wonder at the great Christmas tree which filled the front of the court, for the celebration was in an inner court of the hospital, open to the sky, and as the sun fell slowly across Yolosan Mountain, large lamps were brought and all the candles on the tree were lighted.

There in front were all the children from the hospital, their white faces shining, and back of them were many more children, brothers, sisters and friends, and back of them were bigger sisters, and mothers, aunts and other friends. The children certainly looked strange, the little boys decked out in every color, with long skirts and bright-colored caps, and the little girls in trousers, with their black hair shining with oil and hanging in long tight braids. Then too it was what the Chinese call "seven coat weather," and the amount of padding necessary for each small figure was beyond belief. There were older patients there too, all girls and women, because this division of the Yale Hospital is for women only.

One girl had lain on a frame for ten patient months, trying to get her back straight as it should be. Now she was sitting up to see Santa Claus. The junior nurses were quite concerned about her when it came time for the patients to have their evening meal. Not for months had she been allowed to eat sitting up. So the junior nurses went in a body to one of the doctors and politely asked if this girl might have her supper sitting up or if she must go back to bed to eat and then get up again! It was satisfactorily arranged that she could eat sitting up, without hurting her weak back, and this she did in the center of the hospital children. Next to her was little eight-year old Gan Fu Tsun, who can read quite well in spite of her diminutive size, and who is always to be found in the wards reading to a group of women. She it was who offered to sit up with the girl with the weak back one night, when it so happened that there were no other patients in that ward and there was danger that stray devils might need to be frightened away. Then there was the youngster of six years with the paralyzed

arm, who was everywhere at once and under everybody's feet all the time. And there were a dozen more of the hospital children, each with some pathetic history, like the girl of fifteen who had been married for two years and who was dying from tuberculosis, but all alike were eager for Santa Claus and forgetful of their own ills and wrongs in the joy of Christmas.

Beside Miss Farnsworth, the supervisor of the women's training school, and the three graduate Chinese nurses, there are a score of student nurses in the hospital, a bright-faced group of Chinese girls, who find, in the discipline, justice, hard work and good times of the hospital training, the most stimulating and welcome change from their own narrow home life. These girls come largely from the best Chinese families and, in the three years' course at the hospital, develop like flowers which are just waiting for the sun and rains of spring to blossom out into useful and beautiful lives. Here at the Yale Hospital Christmas celebration, they were dressed in their finest apparel and were the proud hostesses of parents, sisters and friends. During the afternoon they served tea and uncounted dozens of cakes, oranges and candy, for in China to eat is to be happy, and no celebration is complete without much eating. Even the little group of foreign visitors were remembered by special plates of foreign cakes and candy. It is hopeless to try to fill Chinese children, and some who are not children, on tea and cakes alone, so a worthy substitute was found in peanuts. Peanuts by the bushel are cheap in Changsha, and more, they are sanitary, wholesome and well-liked. So everyone had all she could eat and in the midst of it the Christmas program continued.

Two student nurses sang one of the old hymns in Chinese. What matter if they did not always come out right together, and if the pitch varied from the organ occasionally and if they were rather red and breathless when they finished? It is no small thing for a Chinese girl to face an audience and western singing is decidedly a new art, moreover this was *Christ's* birthday celebration and everyone knew it. But they sang their best and the audience applauded enthusiastically and then joined in singing another hymn from books provided for the occasion. After this, excitement in the front row ran so high that even the peanuts were forgotten, and small wonder! The man who made the speech was telephoning to Santa Claus, and of course the children nearly suffocated between their desire to shout and run, and their greater desire to hear what he said.

But Santa was apparently on the way and said he would soon find them, even away off in Changsha, so far from his usual path. Sure enough it was but a moment until a jangle of bells and a brisk stamping

of feet announced the arrival of that long-expected gentleman. It seemed that where he came from it must have been about "ten coat weather." Another strange thing was to see Santa Claus in Chinese clothes and with a Chinese face volubly explaining to the children in Chinese about his long trip from the northern snows and his difficulty in finding Changsha and then to hear him say that having learned the road, he would make it a regular yearly stop, provided some of his friends in America would help him out in filling and arranging his pack.

It was quite remarkable the number of presents discovered in the big Christmas tree, under the skilled direction of Santa Claus. When all had been distributed, amidst great excitement and breathless interest, it was found that every person had been remembered, from the supervising nurse and graduate nurses, down through the pupil nurses and the patients and the char-women, and the technical assistants and the hospital coolies and even the doctors were not left out. It became necessary once more to renew the supply of oranges, candy and cakes, and everyone was provided with enough additional peanuts to last them through the afternoon.

All this time, whenever they could get in between numbers or elsewhere, a strong Chinese band of six pieces had been playing enthusiastically. At first the band was out in front of the Christmas tree, but as they blew so hard and made so much noise that little else could be heard, and as some of the smaller tots seemed in peril of being blown out of their seats, the band was moved back into the office of the supervising nurse. This improved the effect very greatly until it came time for the band to eat. After they had disposed of the huge bowls of meat, and rice and vegetables, their strength seemed to be renewed and they blew so very enthusiastically that the supervising nurse had to close the door of her office, but this did not decrease their efforts and the Chinese, little children and big children, were delighted beyond measure.

When the presents were all distributed and the exercises were over and everybody had had just about all she could eat, more peanuts were distributed and a Chinese play was given in front of the Christmas tree by the hospital pharmacist and the assistant pharmacist and the assistant pharmacist's helper and the multigraph operator and the laboratory assistant, and a few nurses from the men's training school to help out. This lasted an hour and was quite unintelligible to foreigners, but all the Chinese said it was a fine Christmas play and they stayed until they were sure it was ended.

Thus did Santa Claus find the Changsha children at the Yale Hospital and for this reason did they all hope he would come again next year.

Tuberculous Women as Nurses of the Tuberculous 189

The preparations for his coming and, indeed, the fact that he came at all was due to the careful planning and the long hours of hard work after the regular work was done, on the part of the supervising nurse and the graduate nurses and the student nurses, but most especially was its great success due to the inspiring enthusiasm and skill of the supervising nurse. Christmas in the middle of China is a very different affair from Christmas in America, but when the Christmas spirit is there and Santa Claus does not forget and when everybody remembers whose birthday it is, then,—it is the same old Christmas and just as merry.

TUBERCULOUS WOMEN AS NURSES OF THE TUBERCULOUS

By MARTIN F. SLOAN, M.D.

Towson, Maryland

To the strong and well the world presents an unlimited field of possibilities, and from them the god, Terminus, withholds his contribution indefinitely, as he did from Rome on the day of the founding of that eternal city. The vigorous bodies and active minds of Charles Dickens, Weir Mitchell and Frances Willard early presaged serviceable lives and by such they are immortalized among men, but what the lives of Chopin, Keats or Laennec might have meant to humanity, had they been permitted to run their full three score years and ten, is a matter of sorrowful conjecture and melancholy speculation. The unwritten history of the sciences, of the arts and of politics is full of tragic stories pathetic from the view point of what "might have been." Such is the irony of fate that immoderate application and intense devotion to one's chosen vocation frequently result in an untimely conclusion and eight times out of ten this unhappy ending is due to tuberculosis.

To say that the development of tuberculosis necessarily eliminates its victim from participation in any sort of endeavor or human uplifting service would be disputed by the reader, the scholar and the scientist, who have been thrilled and inspired by the productions of the minds and souls whose bodies were harboring all the while mildly-active tuberculous disease. Chopin, who developed consumption at the age of twenty-nine, produced some of his best compositions while nursing his illness. It is said that his music of this time "feelingly expressed his individual sufferings to a rare degree." Schiller was a health seeker after the age of twenty-one, yet he continued to enrich the world's literature with some of its brightest gems. Laennec, the astutest diagnostician of the early nineteenth century, wrote the second edition

of his *Treatise on Mediate Auscultation* while trying to get well of the disease, the accurate means of the diagnosis of which he developed and which have not been improved upon to the present day. He wrote with lucidity inspired by the keenest personal interest and his writings exhibit striking ability to interpret clearly his own bodily feelings. For the past twenty-five years, Dr. Edward L. Trudeau, of this country, has been opening the door of health and happiness to hundreds of men and women afflicted with tuberculosis, while at the same time fighting the disease within his own breast.

Although it is not intended to claim for the victims of consumption any special ability or intellectual brilliancy, the possibility of the disease as a medium of "awakening to ecstasy the living lyre" is conceded. The above instances serve to illustrate the responsiveness of the tenderest heart-strings to the touch of a subtle and insidious affliction. They further serve to deprecate the unwarrantable folly of despair and abandoned ambition of any others who have become similarly afflicted.

To what an extent one can become endeared to the hearts of his fellows, even in hours of sorest trial and suffering, is well shown in a memorial printed on the front page of a recent edition of a popular and widely-distributed daily paper of the Southwest.¹

Within this narrow space, today, many thousand must find grievous news. You who, daily, for more than five years past, sought this inglenook in the printed page, will share the sorrow that oppresses us who knew personally the Staff Poet, and knowing, loved him, for the Staff Poet is dead. A sweet spirit, a guileless heart, a brave soul housed in a frail body. This was the Staff Poet. In every relation of life true to the right, in every phase of his character lovely, in every condition of good or ill health a modest, courageous gentleman he. Yesterday, after many months of increasing weakness, the end came. For days he sat up propped with pillows in his bed or supported by the arms of his dearest, with trembling hands penning the daily "weather verse" and keeping the faith with his reader friends. And never once through all the weary weeks did he betray to his readers the secret of his impending tragedy. Always it was the cheery note he sang; always the merry rhyme he tuned, and never a daunted moment came to him as he faced with clear vision the finality. Then, yesterday, he smiled confidently to those about him, yielded all, and lay back in death. A friend that friends loved has passed. A light that was set upon a hill has gone out. The Staff Poet is dead, and we who worked at his side are yielding to his memory the unguarded tribute of tears.

Leaving the realm of the muses there is a very practical means of usefulness available to some of those afflicted with chronic pulmonary tuberculosis. The wide and ever broadening field of medicine is pe-

¹ Printed in the *Dallas News*, December 9, 1914.

Tuberculous Women as Nurses of the Tuberculous 191

manding specialization by physicians and each decade sees the constricting bands tighten, limiting him to a narrower sphere of action. The same is true of the nursing profession. Nurses are confining themselves to infectious diseases, orthopedics, obstetrics and other branches in order to perfect their acumen and to better serve their patients. Indeed, the slogan of the whole medical world today is "Specialization." The tuberculosis nurse is the latest addition to the nursing profession and one necessitated by the increasing activity against the disease. She is nursing the patients in the sanatorium, in private homes and at the health resorts, but the greater army of recruits is being sent into the tenement and factory districts and into the schools, searching for the suspected cases and guiding the positive ones, constituting that rapidly-increasing body of the visiting tuberculosis nurses.

Relatively few healthy nurses register for tuberculosis in home or sanatorium practice, where actual bedside nursing and the closest contact with the infected are necessary, although less difficulty is experienced in procuring them for visiting work where the duties are less hazardous. This indifference, principally due to independence, born of success in fields more lucrative and productive of immediate results, is fed by an inherent fear, "phthisisphobia," cultivated in general hospitals from which positive cases of pulmonary tuberculosis are excluded. Yet in the general hospital the nurse is expected to acquire a working knowledge of all prevalent diseases. This means that the bulk of the actual bedside work must devolve upon the shoulders of those who have had or still have tuberculosis in an arrested form. Happily is this true, for it opens an opportunity for independent livelihood and a life of usefulness to scores of mentally active and zealous young women whose former vocations are closed to them for obvious reasons when their affliction becomes clinically evident. It is conceded that the chronic "open" case, though "arrested," should not return in most instances to the office or shop of former employment for fear of infecting the other employees. This is a splendid doctrine of prophylaxis for the others, but what is to be done with the one who has been rehabilitated and restored to former working capacity? She may be facing unemployment or a life of dependence.

The vocation of nursing assumes a providential aspect to the patient-nurse in enabling her to continue the "out door life" while pursuing her duties. While in training, she continues to be under the surveillance of the sanatorium staff and her responsibilities grow concomitantly with her physical ability. Should her lesions become active, the fact is quickly detected and she is ordered to "chase the cure" again until the exacerbation subsides. After completion of her course,

should she engage in private practice in the sanatorium or home, she shares her patient's routine out-door living with her.

There is a noticeable absence of phthisisphobia about the ex-patient nurse, which Dr. Adolphus Knopf so aptly says is one of the biggest obstacles in the successful handling of phthisical patients. She is not afraid of her patient. She has been drilled in the causes and prevention of tuberculosis; she is familiar with the characteristics of the tubercle bacillus; she understands the relation of bacillus to the body and knows the places favorable for germ growth *ex-corpore*. This knowledge dispels fear and places in the nurse's hands a potent weapon for disease extermination.

"Suffering makes all the world akin" is truly applicable to the small sphere occupied by such a nurse and her patients. She readily appreciates the little aches and pains her charge is subject to and is not inclined to regard her as a neurasthenic. Her powers of perception have been sharpened in the school of experience and she scents in the "attack of cold," blood-streaked sputum and pains in the chest, evidences of disease activity which need immediate attention. Furthermore, she knows that her patient cannot be careless by coughing with the mouth uncovered and in disposing of her sputum without danger of infecting other members of the household. By watching for these discrepancies and by personally supervising ventilation and the proper disinfection of bed linen, wearing apparel and dishes of the patient, she renders invaluable service to the health of the entire household. The duty of the nurse of the tuberculous does not end in the care of her patient.

The ex-patient nurse's presence is a bulwark against those at home who would persuade the convalescent to relax his rigid routine and her own regained health and strength are an inspiration to her charge.

I claim for the ex-patient nurse a quicker appreciation of signs and symptoms of early pulmonary tuberculosis among the children and adults whom she sees in her visits as a district nurse. Shortness of breath on slight exertion or any other symptom such as recurring headaches in the afternoon, sharp sticking pains in the chest, night sweats, occasional spitting of blood and frequent prolonged "colds," coupled with a feeling of fatigue in the morning, or gastric disturbances and a slight morning "hack" have a peculiar significance to her. They are the danger signals of incipient pulmonary tuberculosis with which she is familiar and which make her send the suspects promptly to a competent diagnostician.

Has the sanatorium a duty in this matter? I am of the opinion that in the nursing of the advanced consumptive we are not entirely

Tuberculous Women as Nurses of the Tuberculous 193

justified in subjecting, day after day, healthy nurses to the risks incident thereto. Years ago Sir William Osler made the momentous remark that "nowhere had it been possible to trace the source of infection of one individual to a properly-conducted sanatorium." We all like to feel that our sanatorium is a properly-conducted one and to hear it commended for its immaculateness, yet there creeps in occasionally the suspicion that at some time, somewhere, a secluded focus of infection is established about the rooms by the irresponsibility of a moribund patient. This "nest" is soon destroyed, but the health of a well woman, reduced by fatiguing duties day after day, might be jeopardized by such. I do not mean to intimate that the tuberculous nurse may not be re-infected, but I do believe the recurring "doses" need be larger and the predisposing causes more pronounced for such to occur in one who has developed immunity by previous infections and exacerbations. Further than a duty, the sanatorium has a privilege in such a humanitarian work. The functions of the tuberculosis sanatorium are to arrest or cure the disease; to educate; to make comfortable the dying and, last but not least, to restore working ability and earning capacity in its patients. The last responsibility is one fraught with many interesting possibilities for the sociologist and will receive more attention as we progress in our anti-tuberculosis campaign. I believe firmly it is the duty of the tuberculosis sanatorium to train nurses for the tuberculous and furthermore to confine that training to women with tuberculosis. That such nurses have made good is attested by the spread of the movement among sanatoria in the past five years.

The inquirer will want to know something of the practical testing out of this plan. The limited space will not permit even an enumeration of the progressive sanatoria that have their own training schools and those only for tuberculous women. As far as the writer knows, the first training school of the kind in this country was established at the Henry Phipps Tuberculosis Institute in 1904. In 1907, one was established at the White Haven (Pa.) Sanatorium. The next was established at Eudowood Sanatorium, Towson, Md., in the summer of 1908. The movement has since spread throughout the country. The writer is more familiar with the school at Eudowood Sanatorium and will give a brief synopsis of its organization. The school opened December 21, 1908, with four pupils under the direction of Dr. A. M. Forster and Miss M. L. Whitney. At its inception, it was decided to make eligible for admission only those who had pulmonary tuberculosis in an "arrested" or "apparently cured" form. Applicants must have had a grammar school education or better, and be well recom-

mended. Probationers are received from the United States and Canada and serve three months, during which time they are judged according to their aptness, sympathy, demeanor, and physical ability. The curriculum consists of: practical nursing, seven hours; materia medica and pharmacy, two; elementary chemistry, one; dietetics, two; medical topics (principally tuberculosis), one; anatomy and physiology, one; hygiene, one; elementary microscopy, one; and minor surgery, etc., one hour per week. These studies are distributed over two terms of one year each. Pupils are on duty nine hours per day and are given their books and \$10 per month for incidentals. Duties are increased according to their strength. Their physical condition is never lost sight of by the staff and pupils are required to sleep out and "chase the cure" when off duty. The pronounced improvement of the majority of them, as is demonstrated by the diminution of signs and symptoms, gain in weight and increasing physical endurance, is a refutation of the impotency of the tuberculous woman as a nurse.

Eudowood Sanatorium, having a maximum capacity of 105 patients of all stages, never needs a large class of nurses. The average size has been eight and these, with the two head nurses, have constituted the nursing staff. Since the opening of the school, over one hundred applications have been received and thirty-six probationers have been admitted. After "chasing the cure" for six months to two years, all of these felt the inadvisability of returning to their former occupation or were persuaded for other reasons to become tuberculosis nurses. They came from eleven states and Canada. According to their physical condition they were classified as, incipient, 20; moderately advanced, 15, and far advanced, 1. Their ages ranged from 19 to 34, the average being 23 years. Their previous occupations were: housewives and home-work, 11; child's nurse, 1; hospital attendant, 1; travelling saleswoman, 1; clerks, 4; hairdresser, 1; saleswomen, 2; stenographers, 2; photographer, 1; seamstresses, 3; school teachers, 2; fore-woman in factory, 1; milliners, 2; social worker, 1; students, 2. Of the thirty-six admitted as probationers, thirty-four were accepted. Of these, twelve graduated and eight remain in the school today. Four pupils subsequently found the work unsuitable and resigned; three were dismissed for poor deportment and three for inefficiency; three left for various reasons and one developed a non-tuberculous illness. Only one developed sufficient activity to compel her to discontinue training. Several others lost time during their course, frequently, however, against their will. Five of the graduates lost no time from duty on account of illness, while the other seven lost from one week to four months. This time was subsequently made up. Of the graduates, two have married;

one has broken down mentally as well as physically and nine are pursuing their profession. One is head nurse in a small sanatorium and receives \$60 per month; four others have institutional positions; three are engaged in private practice and one, a recent graduate, is resting at home before accepting cases.

It is distinctly understood that these women are trained to nurse tuberculous patients only and the prevalence of this wide-spread disease assures them occupation in this restricted medical field. Last year the undergraduates alone earned \$582 for the institution. The number of women trained and prepared for a suitable vocation in this training school amounts only to the proverbial "drop in the bucket," but the results already achieved are gratifying to those who have had a part in the undertaking and commend the movement to the larger sanatoria where larger classes are necessary.

OBSTETRICAL NURSING¹

By ELIZABETH BURTLE

Fargo, North Dakota

One of our noted men in the obstetrical world has said that it is doubtful if in all the realm of medicine and nursing there is a class of patients which has suffered so much neglect and abuse as that of the lying-in women and the new-born. When a woman has proved her incapacity for continuous sustained work in any other direction or has, apparently, out-lived her usefulness in every other capacity, she can yet do confinement nursing for eight or twelve dollars a week. She has been present at a few confinements, where a practitioner of a previous generation has officiated, and his methods and results are, to her, the only ones worth knowing. Time goes on and art and science advance, but if a man convertible to new ideas after forty is a rarity, what is a woman? Ignorant, weak or lazy, hide-bound by antiquated medical opinions and midwives' and old grannies' wisdom, she presents a veritable Chinese inertia to any attempt at bringing modern science into the lying-in room. She will frighten the patient by the terrible danger to life into lying flat upon her back and will cause many an hour of mental anguish by wise diagnosis of tongue-tie or retention of urine.

The obstetrical nurse has a great field before her, one which should prove to be one of the most satisfactory of the nursing profession.

¹ Read at the third annual meeting of the North Dakota State Nurses' Association, Grand Forks, April 27, 28.

There is in this work ample room for the exercise of both talent and virtue and the nurse who possesses conscience, courage and tact, certainly may do much toward lessening the dangers which have heretofore fallen upon the puerperal women.

The duties of the nurse are manifold, but the first and foremost one is that of preventing infection by always exercising the greatest aseptic precautions in regard to the patient. By being quick to observe any danger signals which may give warning of coming complications and reporting the same, the nurse may be of the greatest service not only to her patient but the doctor as well.

After the completion of the third stage of labor, the patient will often be found to have chills which, however, are not followed by any rise of temperature. After the vulvar toilet has been made, the abdominal binder applied, and the patient made comfortable, she will sleep if not too nervous. The nurse must then remain watchful; she must know that the flow of blood from the uterus is not excessive and that the patient's sleep is a restful one and not a dangerous unconsciousness caused by internal bleeding.

During the first few days after delivery the lochia is bloody and quite profuse in some women; about the third, fourth or fifth day it begins to assume a brownish color which each day gradually becomes lighter; near the tenth day it is pink or yellowish. The amount gradually decreases. The lochia has a certain characteristic odor which can hardly be mistaken and it is important that the nurse know how to tell the difference between the characteristic and the foul odor. If foul, the doctor must be told of it, as it may be a symptom of complication.

The temperature usually remains normal but, if above normal, the cause may be found in the distention of the breasts by milk, in neglect of proper attention to the bowels, discomfort due to retention of urine, or worry. If it rises above 100, especially on the third or fourth days and if followed or preceded by chills, however slight they may be, infection may be feared and the doctor should at once be notified. If the pulse should rise suddenly above a hundred, in a case where no exertion or mental excitement has taken place, the nurse need be on the lookout for other symptoms, as this may be a forerunner of other complications.

During the first few days after delivery the patient is nearly always constipated and it is necessary to produce evacuation of the bowels by the use of enemata and mild cathartics. The patient often has difficulty in urinating the first time after labor. In this case the nurse may try the various ways of inducing micturition; if necessary to

catheterize, the utmost aseptic precautions should be exercised. There is a marked decrease in the amount of urine voided the first few days after labor.

The secretion from the breast is first colostrum and is usually small in amount; on the second and third day it becomes more yellow and soon changes into milk. The breasts are soft to the touch up to the second or third day when some women complain of soreness in them and they are hard and tense. If this condition does not subside soon, the nurse will treat them according to the doctor's orders. Should massage be ordered, it must be given gently in order not to damage the delicate tissue of the gland. The strokes should be directed away from the nipple, as the object is to encourage the flow of blood away from the breast. If left to her own responsibility, the nurse will apply a moderately tight binder which often relieves this condition. After this the breasts assume more fulness but are soft and do not cause any trouble unless over-distended by milk, which can be relieved by restricting the patient's fluid diet or by the use of the breast pump. Cracked nipples and resulting mastitis are more or less common and these it is a nurse's duty to avoid. Nipples will sometimes crack in spite of all that can be done to prevent, but if they are kept scrupulously clean there should be no infection of the gland. A cracked nipple should be treated as an open wound—sterile dressing should not only be put on, but kept on when the baby is not nursing, and then it is often advisable to use a sterilized nipple shield. The nurse should remember that an infected breast means not only much suffering to the mother and may deprive the baby of a portion of its nourishment with unfavorable results, but may also lead to cancer in the mother's later life.

About the second day the patient, if a multipara, will often complain of uterine pains, especially upon nursing the baby. Little can be done upon the part of the nurse to relieve these "after-pains" or uterine contractions. The doctor may order a sedative if they are too persistent.

Careful record should be made of anything the patient complains of. If ever such symptoms as headache accompanied by vertigo and dimness of vision be complained of, especially if accompanied by sharp pain, the nurse must be on the lookout for hemorrhage.

NURSING CARE OF THE INSANE IN THE UNITED STATES

This report on Care of the Insane was prepared by Katherine Tucker, chairman of the Committee on Care of the Insane, of the American Nurses' Association, and is published by request of the Board of Directors of that Association.

When we consider that there are approximately 200,000 patients suffering from mental diseases being cared for at present in hospitals for the insane in this country, we realise to some degree the extent and importance of the problem. It is very pertinent for us as nurses to ask what part the nursing profession is playing and what contribution it is making in the care and prevention of this most prevalent sickness. At the outset I think we have to admit that as a profession we are only just beginning to see our opportunity and to hear a very faint call for our services in this field from the doctors and the public. Your Committee, all of whom are directly connected with some form of work for the mentally ill, feel very strongly that the time has come when nurses must take their place in the forward movement for the adequate care and ultimate prevention of mental diseases as they have in the tuberculosis and infant welfare movements. As a first step in this direction, it was deemed necessary to know the exact present status of nursing the insane in this country. Though printed questionnaires are, in many ways, so unsatisfactory, one carefully prepared may bring forth most illuminating information, and this seemed the only practical way at this time of gathering together the facts we desired.

Because of the hearty coöperation of the National Committee for Mental Hygiene your Committee on the Care of the Insane is able to report on the result of a questionnaire sent out to all the state hospitals for the insane in the United States. The questionnaire was made out by your Chairman in collaboration with Dr. Thomas W. Salmon, Director of Special Studies of the National Committee for Mental Hygiene. The National Committee for Mental Hygiene assumed the entire expense. Your Committee's report consists in a summing up of the material obtained from this questionnaire. From 154 questionnaires sent to state hospitals, 71 answers have been received. Though this is not even half of the number sent out, the answers are sufficiently typical for us to draw conclusions from them in regard to all of the state hospitals for the insane in the country.

In the 71 hospitals heard from, 30 have no training school at all for nurses, all the work being done by attendants. Therefore the figures that follow will relate to the 41 state hospitals where there is a training school.

It was surprising to note that in the majority of the state hospitals where there are training schools these have been organised for over ten years, many of them for over twenty years. This fact is discouraging, viewed in connection with their standards. In 16 of the training schools the course is two years. In 10, it is three years, and in the others it varies between two and three years. In certain of the hospitals the training school makes a distinction between nurses who will be eligible for their R.N. and those who will not. A course of three years is required for those who are eligible, while only two years is required for those who are not. This is certainly paradoxical, as those who have had the least preparation for entering the training school would certainly seem to need the longer course. Such a variation would not tend to raise the standard of the

Nursing Care of the Insane in the United States 199

school as a whole. Two or three other schools have the nurses' training tacked on to the course for attendants as a six months' post-graduate course.

In the hospitals for the insane, the superintendent of nurses often holds a most anomalous position. In 14 hospitals she is not allowed the title of superintendent of nurses, but is called either assistant principal, or principal of the training school or, more frequently, simply the chief nurse. Though at first this may appear an insignificant fact, it does seem to take away from the dignity of the position and further facts bear out this feeling. The training and experience of the superintendents vary. The largest number are graduates from a hospital for the insane and have taken a post-graduate course in a general hospital. Eight had only previous training and experience in a hospital for the insane, while an equal number had only experience in a general hospital. In 1 training school the superintendent was a woman physician, and in 4 the medical superintendent of the hospital acts also as superintendent of the training school. Their salaries vary from \$50 to \$100 a month, the majority being \$75 and \$100, but in 8 hospitals the superintendent of nurses receives less than \$65. Quite often the superintendent has to act as head nurse in the operating room and in one instance as occupational instructor in addition to her other duties.

In practically all of the hospitals it is noticeable how little complete authority is given to the superintendent of nurses. In only a few cases has she control of the hours of the pupil nurses and in many instances she has no control over the classes or assignments. In but 14 state hospitals has she complete charge of the pupil nurses in these ways. In the other hospitals, classes, assignments and hours are either entirely under the direction of the superintendent of the hospital or partially so. Though the charge nurses are a very important part of the nursing equipment of the hospital for the insane, in 14 hospitals the superintendent of nurses has absolutely no authority over them and in 8 hospitals her authority is only partial. The same condition is found as to attendants, even to a greater degree. The tendency seems to be to relegate the duties of the superintendent of nurses to the limited field of the training school in which there may be but a few pupils, rather than to supervise those giving nursing care to the mentally ill throughout the institution. In very few instances does the superintendent have any authority over male attendants or nurses. When she does have it, it is principally in connection with the class work of those taking the training school course. To be sure the training schools, as such, in state hospitals are comparatively small, the majority not having over 25 pupils, and many having between 10 and 15. There are, however, a large group of attendants and charge nurses, exclusive of pupils, in most of the hospitals this number being between 60 and 100, several having as many as 300 or 400. Thus the superintendent of nurses has little or nothing to do with the greater part of the nursing service given to the patients.

The qualification for admission to these training schools varies greatly. The majority ask for only a grammar school education, though 13 require grammar school and one year high school or its equivalent. Three have no requirements whatsoever, and in many others the requirements are decidedly flexible. In 21 of the hospitals their requirements for admission are the same or equivalent to the requirements in the general hospitals in their state. Very few hospitals had a higher age requirement than 18. When it is considered that no nursing requires greater tact, maturity, and judgment than nursing the mentally ill, this low age requirement is particularly significant. Usually the superintendent

of the hospital alone or in conference with the superintendent of the training school accepts the applicants, though in 13 hospitals the superintendent of nurses decides what pupils are suitable for the training school. The pupil nurses are paid anywhere from \$15 a month as a minimum to \$35 as a maximum, though the usual rate is \$20 as a minimum to \$25 as a maximum.

The situation in regard to hours of work, vacation, etc., of pupil nurses in state hospitals is one of the most serious aspects of this whole question. Though 6 of the training schools have the eight hour system, in almost all of the other 35 hospitals the nurses are actually on duty from twelve to fifteen and one-half hours out of every twenty-four. To one who knows the strain of working with mentally sick patients, this statement is appalling. A few hospitals give absolutely no time off in a week and by far the larger majority, give only one-half day a week, even with these long hours. Two weeks annual vacation is almost the rule, though 3 give only one week, and 5 give ten days. Very few give any extra time off on holidays.

As to the actual curriculum of the training school, practically all say they attempt to approximate a general nurse's training. The probationary period varies from six weeks to six months, most being two or three months. One hospital has no probationary period at all. Thirteen of the hospitals give both practical and theoretical class work during the nurses' probation, but in the others it amounts to little more than direction in their practical ward work. Four hours a week theoretical work throughout the year, with the exception of the summer, is the average. The lectures are given for the most part by the regular medical staff and superintendent of nurses, though in 6 hospitals the classes are entirely in the hands of the medical staff. Three hours' practical work is the average, and this work is usually given entirely by the superintendent of the training school. The lectures given cover, as a rule, the following subjects: anatomy, physiology, materia medica, practical nursing, surgical nursing, obstetrics, nervous and mental diseases, hydrotherapy, bacteriology, urinalysis and, in a few, dietetics. Only 18 out of the 41 hospitals where there are training schools are affiliated with general hospitals for obstetrics, surgical, and children's diseases. This means that the nurses in state hospitals in most instances have no experience in general nursing except with comparatively few patients.

In the answers received in regard to the housing and recreation facilities of the pupil nurses we find one of the explanations for the reason that so few women take up mental nursing. In 12 of the state hospitals the nurses have rooms off the wards of the patients, and in 9 other hospitals they are housed in dormitories in the hospitals, in the administration building, or in separate quarters for them in the hospital building. Only 19 hospitals have nurses' homes. In 22 hospitals, anywhere from two to four nurses room together, there being only 13 hospitals that afford separate rooms for their nurses. The majority of pupil nurses have no separate dining rooms, having to eat in the same dining room with the patients, sometimes at the same time, or before or after the patients have eaten, or else the nurses eat with the attendants and other employees of the hospital. Many hospitals make no provision whatsoever for the nurses to receive callers and in the majority of cases they have to receive their friends in the public or general reception room. Five hospitals have tennis courts, 1 has golf links, and many afford an opportunity for dancing, but 9 hospitals make no provision whatsoever for recreation. To be sure, considering their hours of work, little time is afforded them for anything but work and some sleep.

Nursing Care of the Insane in the United States 201

Considering these facts it is not surprising that 23 hospitals tell us they have difficulty in securing suitable or enough pupil nurses. Those that state they have no difficulty, considering what most of them offer, make us seriously question their idea as to suitability. One superintendent writes that there has been no difficulty in securing nurses since the recent business depression! Cause for humor might be found in the explanations of the superintendents as to the reasons for this difficulty were it not so tragic. Only 2 of the number see any responsibility on the part of the training school or hospital for this condition. These 2 feel that long hours and undesirable living accommodations have something to do with it. From the standpoint of the others the nurses are to blame. One gave the answer that the scarcity was due to lack of seriousness on the part of the younger generation and indifference as to their future prospects! To some of us it might seem rather that it is because of their interest in their future prospects that women do not wish to spend two or three years under such conditions. Many state that women do not wish to nurse the insane. The most frequent answer as to the grade of the pupil nurse is that she is fair. Poor education is the greatest drawback mentioned, though some hospitals frankly state that both as to education and personality they cannot get the proper type of women. In a little less than one-half of the training schools the nurses are eligible for the examination for registration. From all these 41 training schools, out of the last class graduated, 64 nurses have received their R.N.

Suggestions were asked for as to changes that would be recommended. The majority had no recommendations to make in spite of what seemed like serious conditions. Higher pay, higher educational requirements, affiliation with general hospitals, shorter hours, and a sharper distinction between nurses and attendants, were the most frequent suggestions. Other interesting remarks were the need of an extension of the training school throughout the whole hospital; more women in the male wards; exchange of pupils with general hospitals; a larger teaching force.

There are other noteworthy points. In by far the majority of the hospitals the training school for nurses does not extend beyond what is known as the hospital wards, that is, the wards where the mental patients are treated for some physical illness; in other words, even yet the doctors themselves, to say nothing of the nurses and the general public, have not realized the great contribution nurses can make in caring for those suffering from mental disease. In many instances the training school seems to be merely offered in order to encourage a better class of attendants to come to the hospital by calling them nurses and giving them some definite training. Some of the superintendents did not seem to discriminate between a training school for attendants and a training school for nurses, and certainly recognised no distinction between the service that might be offered by these two groups, except in respect to the care of the physically ill.

In brief the following conclusions can be drawn from these figures and facts obtained through the questionnaire.

1. Less than two-thirds of the state hospitals in the United States have a training school for nurses, which interpreted means that less than two-thirds of the state hospitals give trained nursing care to the patients within their walls. Even in hospitals that have training schools only about one-sixth of the patients receive care from the nurses; in other words, the nurse plays a very small and unimportant part at present in caring for this large group of patients.

2. Speaking generally, the reason for this is that neither doctors, nurses, nor the public have felt the need of nurses in this branch of medical work. Nurses themselves have not been free from the general prejudice in regard to the insane.

The present status of training schools in state hospitals is as follows:

1. The importance of the position of the superintendent of nurses is not recognized. Not enough previous training and experience is required; her salary is too low; she has little or only divided authority in regard to the training school; her jurisdiction is too limited in scope, as it should include supervision of all those giving nursing care, with the view to greatly increasing the number of trained nurses and decreasing the number of attendants.

2. The requirements for admission to the training schools are too low, especially as to age and education. These should correspond to the general hospital.

3. The hours are far too long. In this branch of nursing, especially, an eight-hour day is essential and at least three weeks annual vacation.

4. In most instances the curriculum is not sufficiently well rounded. This should correspond to the curriculum of general hospital training schools.

5. Less than two-thirds of the state hospitals affiliate with general hospitals. Every state hospital should affiliate with the training school of a general hospital as part of its regular course. The general hospital training school should be ready and glad to give this coöperation.

6. The living conditions of the nurses in state hospitals is most deplorable and one of the most serious defects. In a large number of the state hospitals the nurses live off the wards of the patients, eat in the same dining room, and have little or no opportunity for recreation. Due to the difficult nature of the work, particular attention should be given to the comfort and recreation of the nurses and to the possibility of their getting entirely away from their work when off duty.

Your Committee on the Care of the Insane would recommend the following as to the next steps for this Committee to take: The formation in each state of a special committee on the Care of the Insane, preferably to be called a Committee on Mental Hygiene, these local committees to be formed in connection with the state nursing organization. The Committee on Mental Hygiene of the National Organization of Public Health Nursing, in its 1914 report, also reported the desirability of forming state committees on mental hygiene. Therefore your Committee would recommend that the organization of these local committees be carried on in coöperation with this other committee on mental hygiene. It should be the duty of these state committees to know the conditions in their state relative to the nursing care of the insane. They should bend their energies to raising the standards of the training schools in their districts and to establishing training schools where these do not exist. Every possible assistance would be given them by the national committee. (Such a program means education, particularly among nurses themselves, for until nurses see their opportunity they can scarcely expect the doctors and the general public to recognize it.) Further than this, your Committee will get into shape for reference use a tabulated presentation of the material obtained from this questionnaire on the training schools in state hospitals.

INEFFICIENT FUMIGATION

By MABEL F. HUNTLY, R.N.

Chicago, Illinois

A nurse in a small general hospital was ordered to fumigate a room from which a tuberculous patient had been discharged after an occupancy of twenty weeks. Twelve hours later the room was entered by a head nurse who found that the nurse had sealed it for fumigation just as it was left on the discharge of the patient, except that the bed linen had been thrown over the chair back, the mattress over the foot of the bed, and the bureau drawers opened. I hear quite a large body of nurses asking: "What more do you want? We have been taught not to clear a room, but to fumigate as it stands."

Look about this room for a minute with the eyes of the nurse who entered to inspect it. On the window-sill is a sputum box, a metal box with paper refill, but the patient was feeble, the cup two-thirds full, and he had not been able to keep the outside clean. On the bedside table stand his drinking glass and tube; a plate with fruit peelings and knife. On the floor is the gauze handkerchief, soiled with sputum and blood, as it fell from his hand. Various magazines and papers litter the table and bureau; all have been handled within the week by the patient, for the hemorrhage and death have come after some weeks of comparative comfort during which he was up and about his room. An open box of "Lowney's" caused the head nurse to wonder if her pupil had thoughts of a feast after "it was fumigated;" the tooth and shaving brush, a half-used cake of soap and other toilet articles are still in evidence but, without attempting to enumerate further, the room contained all the various and now useless, articles which were daily and hourly needed and handled by the patient whose every touch meant contamination.

The room had been fumigated according to the health laws of the state, but how nearly have we reached the point of rendering a room and its furnishings sterile when we disinfect it after the manner described? Formaldehyde gas, the bacteriologists tell us, is a very efficient germicide for every microorganism *which it can reach*, but its penetrating powers are almost nil; therefore only the top of the magazine or paper is sterile, the inside surfaces and surfaces upon which they lay are still infected. Will the nurse who now clears the room treat them as infected material? The outside of the sputum box is sterile, the surface upon which it rested, and its bottom are not. It is also still filled with non-sterile sputum; will she remember that in handling

it? The dishes, now "disinfected" will probably be put with other "clean" dishes to be washed; what about the under surfaces to which the gas was unable to penetrate? It is impossible to expose all of the many surfaces of two or three sheets and blankets, a spread, pillows etc., to direct contact with the gas and, even if the nurse thinks of this and carefully gathers the soiled linen and takes it directly to the solution ready for this purpose, there will be many organisms scattered into the air of the "disinfected" room in the process.

In fact, are we not, in clearing the room of all these articles which could be much more completely disinfected by other methods, undoing our work of fumigation of the room which, with its furnishings, *must* be fumigated with the gas? We can neither burn, boil nor immerse in solution the walls of the room, the bureau, etc. We gain a feeling of false security by the use of the gas, which makes the further cleaning of the room seem an unimportant task which need not be accompanied by any especial aseptic precautions, for has it not been fumigated?

There is a very decided inconsistency in practicing daily the boiling of dishes, immersion of linen, burning of sputum cup refills and then, on the discharge of the patient, being afraid to handle these same articles until they have been fumigated. If, in the disinfecting process they were rendered sterile, there could be no criticism of this method, but, on analysis, it would seem that this is an ideal impossible to reach with a gas which cannot penetrate porcelain, glass, various folds of linen, paper, etc.

Let us not forget that the most efficient antiseptic of all is prevention of contamination and teach our nurses to care for the patient, the public and herself with this thought constantly in mind. The most efficient germicide is the flame; therefore, all infected useless articles should be burned as soon after contamination as possible, and next to burning, comes steam under pressure and boiling. If, then, the installation of a sterilizer for the steaming of mattresses, pillows, blankets and patients' clothing is practicable, let us have that in our hospitals together with adequate sterilizers for dishes, bed utensils, etc. And, if we haven't this modern apparatus, let us expose the surfaces of our mattresses, etc., as completely as possible to the formaldehyde and boil in a covered basin, pail, or wash boiler every porcelain, glass or agate utensil.

Our system of cleaning a room in a private home or in the hospital which has no steam sterilizer resolves itself into something like this:

1. As soon as the patient is discharged, gather into fresh paper sacks every article which can be burned and carry directly to the furnace or incinerator, or at least place the sacks directly into a covered

receptacle which should be emptied directly into the incinerator at stated times. (Remember that toilet articles, etc., will never be used again and should be burned at once.)

2. Place all dishes in their sterilizer, cover with water and boil.
3. Place all enamel and agate utensils in their sterilizer and boil.
4. Gather all linen into a clean or sterile bag or sheet and immerse immediately in disinfecting solution.
5. Seal windows, transoms, etc.
6. If practicable, suspend the mattress and pillows in the center of the room and sprinkle them well with water. (Fortunately, the bacteriologists tell us, bacteria cannot penetrate the closely woven ticking and surface disinfection of these articles is sufficient if we make it possible for the gas to reach all surfaces.)
7. Hang blankets, completely unfolded, over head and foot of bed; they may even be suspended from light fixtures, picture moldings, etc.
8. Leave the heat turned on, if it can be done without admitting air at the same time. Sprinkle water freely over all surfaces, floor included. Pull down the window shades.
9. Introduce the gas.
10. Seal the door from the outside.
11. Leave sealed according to the state law.
12. Unseal the room and clean it from ceiling to floor, including every article of furniture, bedding, etc., as thoroughly as if it had received no fumigation whatever. Particles of dust and dirt may so surround the bacteria that the gas cannot find entrance.

HOSPITAL SOCIAL SERVICE¹

By SARAH BURROWES

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The old-fashioned family physician, whatever his shortcomings, had this great advantage over the staff of a modern hospital: he knew his patient as a human being, not simply as a case. He knew the family, with all its physical and moral tendencies; he knew the occupation and the financial status of his patient; he knew his social connections, his church, his fraternity and, therefore, he knew that the best remedy for Mrs. Jones' nervous indigestion was not *nux vomica* and *gentian*, but a good, straight-from-the-shoulder temperance talk with

¹ Read at the eleventh annual meeting of the Michigan State Nurses' Association and second annual meeting of the Michigan State League of Nursing Education.

her husband. He did not tell Sam Smith to take a trip to Bermuda for his cough; he quietly suggested to the generous wife of Sam's old employer that she send Sam milk and eggs every day. As he drove past Mary Martin on the street, he would call out to ask how much the baby weighed now and whether Johnny's braces were helping him. But to the hospital physician a patient is a figure without a background. An ever-changing procession passes through the wards and dispensary. The overworked physician and nurse treat the disease; but they have little time to become acquainted with the man inside of the body, still less with his usual environment, yet modern preventive medicine recognizes that both the origin of disease and its remedy often lie in the character and environment of the patient; in his heredity, his occupation, his home, his social connections. To investigate and correct these, the social worker has been called in to supplement the doctor and the nurse.

Sporadic attempts at social investigation and social relief have been made by volunteer visitors in various hospitals. As far back as 1859, the common sense of that great pioneer, Dr. Elizabeth Blackwell, recognized that, often, to cure the disease, she must cure the home. She herself visited her dispensary patients and sent to them charitable women with instruction and provisions and financial help, but it was not until October, 1905, that the first paid social worker was installed by Dr. Richard C. Cabot in the Out-Patient Department of the Massachusetts General Hospital in Boston. The immediate success of the work there led to the rapid adoption of the idea by other hospitals and dispensaries in Boston, New York, Chicago, and throughout the country. By 1912, social service had become so generally accepted as an essential of modern hospital equipment that, when the American Hospital Association met in Detroit in September of that year, the report of the meeting in *The Survey* criticized Michigan as being behind the times, because there were no social service nurses in its hospitals. That very year the Woman's Hospital of Detroit employed a social worker. It was followed by other Detroit hospitals: Harper Hospital, Grace Hospital, the Children's Free Hospital. The youngest social service department in Michigan is that of the University Hospital, Ann Arbor, where I began work in November, 1914.

Now just what does a social worker do? Her work varies greatly with the character of the hospital and of its patients. Some of the most successful social service departments are connected with dispensaries. There, it is largely follow-up work. The nurse is usually present at the interview between doctor and patient; she afterward visits the home to make certain that the doctor's directions have been under-

stood and are being carried out; she discovers those factors in housing, diet, habits, family life, which are inimical to recovery, and she does her best to correct them, with the aid of the patient, his family and the proper outside agencies.

In great hospitals like the Massachusetts General and Bellevue, social workers are assigned to special departments, dealing with children, orthopedics, tuberculosis, sex problems, psychoneurosis, etc. In dealing with some varieties of nervous disorder, the social worker has proved an invaluable aid to the physician. In a hospital like the Woman's Hospital, Detroit, the work is almost entirely with mothers and babies; at the Children's Hospital, with children and the home conditions affecting the child.

Social service in the wards of a large general hospital presents an endless variety of problems. In the first place, it is the aim of the social worker to promote the cure by making every patient as contented and happy as possible while in the hospital. To this end, she superintends the distribution of flowers, fruit, games and other gifts. She loans suitable books and magazines to those able to read. She finds interpreters for foreigners. She writes letters to the family and friends at home. She does necessary errands for patients. She starts idle hands at work on basketry, knitting, rake-weaving, clay-modeling, wood carving. Handicraft is now recognized as a positive curative agent in some diseases. In the case of children, the social worker secures instruction for those able to do school work. In Ann Arbor, the social worker is assisted in these pleasant duties by volunteers from among the University students, who each give a definite hour a week to some one patient.

The social worker also tries to discover and remove the cause for any anxiety which may be harassing a patient. For instance, when I was at the New York City Hospital, a Russian Jew in the ward sobbed and wailed and refused to be comforted by anything doctor and nurse could do. I finally got out of him that his family was to be evicted the next day. That night I hunted up the tenement and interviewed his wife and daughter. The next morning I took the case to a Jewish society and was able to assure the patient that his loved ones would be cared for. From that hour he began to get well. Often it is necessary to seek the relatives of a patient. Sometimes they have been estranged and a reconciliation is effected. Sometimes they have evaded their financial responsibility for their sick kinsman.

One way in which a social worker may help a charity hospital is by investigating the financial status of patients, insisting upon payment for treatment by such as are able to pay. On the other hand,

she may recommend free treatment for those she finds unable to pay. The social worker may aid the medical diagnosis by finding out from the family or friends of a patient significant facts concerning his physical or moral heredity, his home surroundings, or his working conditions. But her largest field lies with the discharged patient. His needs are many and varied. Sometimes he only requires an escort to the train or to his distant home. Sometimes he needs clothes. Clothing is, of course, a primary need of the little strangers who enter this world through the Maternity Department. The King's Daughters and church sewing societies of Ann Arbor are kept busy all the year making infant outfits. Financial aid is often required. It may be only the price of a ticket home. It may be to pay for glasses, an artificial limb, or some orthopedic appliance prescribed by the physician. It may be for expensive medicine or for convalescent care. The social worker must know to what benevolent individual or society she can turn for a loan or a gift for such cases. The social worker should send to the proper institution those who leave the hospital blind, deaf, feeble-minded, tubercular. Boarding places have to be found, often for a convalescent who should remain near the hospital, in order to continue treatment as an out-patient; sometimes for children whose mother cannot leave them at home when she herself comes to the hospital; or for mothers whose children are patients. Particular care is required in the selection of rooms for friendless girls who take positions other than domestics after their discharge. Sometimes a home is found for a baby whose mother must leave it all day, in order to support it and herself.

A difficult task is the securing of suitable employment for discharged patients. If occupation has contributed to the diseased condition, a new occupation should be found. That requires long search and many appeals. In desperation, Dr. Janeway organized a school for the handicapped in New York, where they are trained in metal work, wood work, needlework, etc., suited to their ability. Artistic cement work has been developed in New Sharon, Connecticut, and in Boston for cardiacs. A most successful pottery in California is operated by convalescent tubercular patients. But most of us must just do our best to find kindly individuals who will make a place for these people, anxious to work, whom no man wants to hire.

Girls in the maternity and dermatological wards present most important and difficult problems. While they are in the hospital, we endeavor to arouse their self-respect and their sense of social responsibility. In cases of illegitimate parentage, the father is hunted down, when possible, and forced to contribute to the support of the mother; and,

occasionally, induced to marry her. Whether she is married or not, we encourage a mother to keep her baby. Nothing helps a woman to live up to her highest standard like mother love, but few have the courage for the struggle against the world. If the baby is abandoned, the social worker must see that it is adopted by a desirable family or placed in the right institution. Then honest work should be secured for the mother and proper recreation and good social surroundings. These are hard to secure, but they must be secured to keep the girl from drifting back to a life which means ruin to herself and danger to society.

These are some of the general classes of the social worker's duties; but she never knows what she may be called upon to do. I have had to trace a girl who ran away from the hospital with clothes belonging to other patients and recover the stolen articles. I have had to meet the parents of a child who had died in the ward, and start them on their journey with the little body. I have had to guard patients under arrest. I have had to arrange for the deportation of aliens. Worst of all, I have had to conciliate visitors who thought they could tell the doctors and nurses how to run the hospital!

A detailed case-record should be kept for the use of the social worker herself, of the staff, or of students of sociology, who may find in it valuable material. A catalogue of resources should also be kept. One worker by herself can do nothing. It requires all the agencies for good in the community and the state to carry out the tremendous program of social service. The social worker is merely the girl at the switch-board who connects the need with the remedy. She should, therefore, have on record every individual and every organization she might summon to her aid in the territory from which her patients come. This catalogue should include health officers; visiting nurse associations; probation officers; overseers of the poor; charity organization societies; legal aid societies; convalescent homes; sanitariums, public and private; institutions for the blind, the deaf, the feeble-minded, the aged, the orphan; fraternal orders; social settlements; Young Men's and Young Women's Christian Associations; circles of King's Daughters; churches.

When the force is sufficiently large for research, social service departments have made special studies of occupational diseases; the results of sanitarium treatment; and other subjects.

Social service is so new, that its organization is still in the experimental stage. In some hospitals the department is part of the training school; in some, it is a separate department under the hospital management; in others, it is supported entirely by voluntary contributions and is managed by a committee outside of the hospital. The most per-

fect organization which has thus far been evolved is that of the University of Indiana, where the social service department is under the joint direction of the Department of Economics and the School of Medicine. Its work is carried out in the Indianapolis Dispensary by paid workers, assisted by volunteers from among the medical students and from outside the University. This is an unusually extensive example of that coöperation so essential to the success of social service. To attempt social service in a hospital where it cannot count on the support of the officials, the staff, the nurses, and the general public, is useless.

Besides the printed reports of established social service departments, the authority on the subject is Ida M. Cannon's book, *Social Work in Hospitals, a Contribution to Progressive Medicine*, published by the Russell Sage Foundation.

A profession not yet ten years old can scarcely be expected to have formulated definite training. Courses preparatory to social service will doubtless be worked out in time by training schools for nurses, in conjunction with college departments of sociology, schools of philanthropy, etc. A tentative beginning has been made at the Massachusetts General Hospital, where the superintendent of nurses assigns two undergraduate nurses at a time to the social service department for three months, and where students of the Boston School for Social Workers are offered ten months in medico-social work.

It is generally conceded that a hospital social worker should be a trained nurse, for she fits better into hospital life and she can understand the nature of the disease to which she must apply a social remedy. She should also have some knowledge of sociology and of the various movements of social betterment. The present pioneers in the profession have usually had experience as visiting nurses, or nurses attached to free clinics or social settlements, where they have come in contact with people in their habitual surroundings and known them in their human relations, but no amount of training can make a successful social worker of one who lacks the fundamental requirements of common-sense, perseverance, resourcefulness, sympathy and humor. Any additional good qualities the social worker may possess will be valuable; these are indispensable. A sentimentalist will be constantly taken in by experienced "bluffers." On the other hand, one cannot deal justly with any human being unless one can see his point of view and enter into his feelings. Humor preserves the balance between the soft heart and the hard head. Indeed, the social worker needs humor at every turn: to help her to keep her courage; to oil points of friction; to meet the everlasting criticism; to make her laugh at her own mistakes and try over again.

Whatever her qualifications, a nurse who is looking for money would be unwise to choose hospital social service, as the salaries for such work are usually lower than those paid for hospital administration or for private nursing, and it is no field for any one seeking a "soft snap." The inexperienced may be tempted by short hours; usually from 9 a.m. to 5 p. m., with Saturday afternoons, Sundays, and holidays off duty, but after one has walked from nine to five, from ward to ward, to probation court, railroad station, employment agency, up tenement stairs, and where not, her body aches with weariness, and her mind and heart cannot dismiss the perplexities of the day when the whistle blows.

Social service means hard work, difficult problems, daily discouragement, but, at the same time, it offers an endless variety of human interest. Often one is thrilled by unsuspected nobility in one's patients or in one's fellow workers. Now and then comes a chance to be of real, decisive help to some other life. One such opportunity makes it all worth while.

INSPECTION OF TRAINING SCHOOLS IN NEW YORK STATE¹

By AMY M. HILLIARD, R.N.

The statistics for the past year show a most gratifying increase in the number of candidates seeking entrance to the registered nurse training schools in this state. The educational credentials that have been submitted bear evidence that more women of sound education are entering the schools for nursing education. A large number are still being admitted under the equivalent but many of these equivalents stand for secondary education which is considerably in advance of one year's secondary work. Unfortunately when diplomas or detailed statements are not submitted, definite credit cannot be given.

Thirty-seven cards were issued for partial or complete college courses. 621 cards (over one-quarter of the entire number) were issued for graduation from high school or its equivalent. 1022 cards were issued for one or more years of high school. 582 cards were issued for equivalents. 288 applications were not approved. 128 were too incomplete to receive ratings.

It is very encouraging to note the number of nurse student certificates which are being issued to candidates for entrance to nursing schools.

¹ Report of the Inspector of Nurse Schools read at the recent convention of the New York State Nurses' Association.

A substantial number of our schools require the nurse student qualifying certificate before admission of candidate to preliminary course. Other schools refuse to admit students until the receipt of a card of approval from the department. On inspection this past summer, I found in one school between 30 and 40 cards of approval for candidates that were not due to enter until two months later.

There are registered under the Regents of the University of the State of New York, 328 schools of nursing. 135 of these schools are located in New York State.

During the past year the following eight nurse training schools located in New York State have been registered: Broad Street Hospital, Oneida, formerly accredited; Ithaca City Hospital, Misericordia Hospital, New York City; Mt. St. Mary's Hospital, Niagara Falls; Ossining Hospital; St. Joseph's Hospital, Yonkers; St. Joseph's Hospital, Far Rockaway; United Hospital, Port Chester.

The registration of one has been rescinded. The applications of 4 were rejected as failing to meet the minimum requirements. Four schools are accredited.

Six out-of-state schools have been registered in New York State: All Souls Hospital, Morristown, N. J.; Cambridge Hospital, Cambridge, Mass.; Lutheran Hospital, Cleveland, O.; Mary Fletcher Hospital, Burlington, Vt.; New England Baptist Hospital, Boston, Mass.; Oak Park Hospital, Oak Park, Ill.

Three inspections have been made in each of four schools; two in each of 12 schools and one in each of 124 schools; in all, 160 inspections. Of these, 147 inspections were made in schools already registered and 13 in schools seeking registration.

1429 diplomas have been issued to graduates of registered nursing schools in the state, an increase of 118 over last year.

In training there are 1856 first year pupils; 1654 second year pupils; 1110 third year pupils; totaling 4620 pupils, an increase of 292 over last year.

Over 2800 credentials have been acted on, an increase of more than 600 over the year preceding. 2434 cards of approval have been issued.

86 schools give three-year courses; 36 schools give from two to three-year courses; 13 schools give two-year courses; 5 schools allow four weeks' vacation yearly; 49 schools allow three weeks' vacation yearly; 76 schools only two weeks' vacation yearly. The number of paid instructors is increasing as well as the number of paid lecturers. A few schools are giving definite attention to recreation for students.

Both of my predecessors have given much time, thought and effort to secure the adoption of an adequate and uniform system of student records in our schools. Bulky record books are hard to duplicate and

Inspection of Training Schools in New York State 213

to file conveniently. The result is that these books are likely to be transferred to an attic or basement and lost sight of. In one of the large schools in this state a very good record book has entirely disappeared and a graduate nurse seeking a supplementary course in college has been unable to get any record of her professional work in that school. The inspector not infrequently finds that with the advent of a new principal, the card system which had been installed at the request of the Department, is often modified or even completely discontinued. The *Syllabus for the Guidance of Registered Nurse Training Schools* contains an outline of an excellent system for student records. This was published in 1911, has not been revised, and I have seen no system which I thought was an improvement on it. Notwithstanding these facts, the student records in the average nurse training school in this state are very defective. The alumnae associations could lend material assistance in demanding that graduates of their schools shall be able to obtain credit for practical and theoretical instruction received. They can direct the attention of the training school committees to the fact that the Department of Nursing and Health, Teachers College, the American Red Cross and other organizations have had much difficulty and in some instances have been totally unable to get any records concerning the professional training of graduates of their schools.

In the same *Syllabus* there is published an outline for instruction in dietetics, consisting of 30 periods during the preliminary course and 20 periods during the intermediate course. There is still a belief prevalent that the Department considers 12 periods sufficient to meet the requirements for satisfactory instruction in this, one of the most important courses of nursing instruction. 81 schools of nursing in this state have no resident instructors in dietetics. This means that these schools are unable to give practical diet-kitchen training under competent supervision. No appropriation whatever is made for the appointment of graduate dietitians in the New York State hospitals for the insane.³ Many of the smaller schools in the state provide much better instruction and supervision in this subject than is given in the larger schools. In two of these schools the dietitian, who is also a graduate nurse, acts as an assistant to the superintendent of the hospital, an arrangement that has been most satisfactory. It is difficult to conjecture what work a graduate nurse could satisfactorily undertake without a thorough knowledge of this subject, whether it be in the administration of hospitals, supervising work of the pupils, caring for private patients or in any of the avenues of public health nursing.

³ Since compiling these statistics we have been notified of the appointment of a resident graduate dietitian at the St. Lawrence State Hospital, Ogdensburg, N. Y.

Very little has been done to shorten the hours on duty for the student nurse. The sentiment is strong against this abuse of service even among the faculty of schools where longest hours obtain. The reason most often given is that the nurses' residence is too small to admit enough pupils to effect a change. That every new wing on a hospital necessitates a corresponding new wing on the nurses' residence, should be fairly evident to hospital committees, but unfortunately it is the occasional rather than the average hospital that makes an adequate increase in the capacity of the nurses' residence to meet the needs of an increase in the capacity of the hospital. Long hours on duty for pupils, followed by evening class and lecture periods must be the result. Evening class work has been very generally discontinued and it would seem that 11 hours on day duty or 12 hours on night duty out of every 24 hours would be quite long enough without adding class and lecture periods. Most of the evening class work is given in the very schools which exact the longest hours on duty for practical work.

For some reason, difficult to fathom, the services of pediatrics and obstetrics are often combined. Indeed one hospital has erected a separate building for these services so that it is impossible to separate them. Another hospital has set aside a floor in the private patients' pavilion for this purpose. Although an effort is generally made to separate the nursing in these two departments during day hours, a single nurse is expected to care for both services at night.

This brief presentation shows the wonderful opportunity for development along many lines and it must be observed that one person could not accomplish the constructive work for which the highly centralized system in the New York State Department of Education would give the opportunity.

When we realize that we are working under a permissive and not a mandatory law and that this truly notable progress has been made possible by a steady and concerted effort on the part of the superintendents of nurse training schools, at no matter what cost, to raise their standards, we should all feel greatly encouraged.

The Department of Nursing in the Education Department at Albany should include, in addition to the inspector, a secretary who shall be a graduate nurse of wide experience and who will be able to give her entire time to the work of the office. The correspondence of this department should not be interrupted for days and sometimes weeks at a time as has been necessary during the frequent absences of the inspector from Albany. Inquiries from the nursing schools and the general public should be given prompt attention.

AN OUTLINE FOR INSTRUCTION OF PUPIL NURSES ON
SOCIAL HYGIENE¹

By ADELAIDE BROWN, M.D.

San Francisco, California

The question of economic efficiency is absolutely interwoven with the question of personal health to the individual, and the question of civic efficiency is equally interwoven with the question of public health or social hygiene. The minute one's life joins that of a group, personal hygiene and public hygiene problems become very nearly related. A nurse entering a training school must present for her work increased physical resistance to the new environment, which exposes her to the evils of a continuous housed life, many hours of service on foot and the constant association with depressed, if not diseased, individuals. Her environment is, therefore, abnormal in physical and mental ways and her health should be raised to its highest terms and constantly kept there, both by her training school and by her own intelligent watchfulness. Teeth, tonsils and feet should be kept in perfect condition throughout her training and in after work; not for esthetic, but absolutely for physical reasons. The insidious onset of general infections from bad teeth and tonsils in youth is too well-known today not to require of every nurse on entering a hospital previous careful attention to abnormal teeth or throat conditions. Weak feet are the bane of the early months of training and, neglected, are the crippling of many an otherwise excellent nurse. The wearing nature of foot pain is, after years of continuation, a great weakener of general nervous control.

The environment of a nurse and its dangers should be carefully explained to pupil nurses. Typhoid claims too many victims among its caretakers for a disease whose exact source of entrance into the human body and exact method of contagion is so well understood. The respiratory tract as a place of entrance for other contagious diseases makes important its normal conditions in the individual. The presence of the earmarks of incipient or healed tuberculosis make apprehensive the training school medical advisors to the question of whether such a young girl should be admitted to life within doors.

An intelligent understanding of venereal diseases should make part of such a preliminary course of instruction to nurses; the gonorrhoeal infection of the eyes in the new-born, and gonorrhoea spreading through

¹ Read at a meeting of the National Social Hygiene Society, Berkeley, California, August, 1915.

the wards where little girls are cared for in our general hospitals; congenital syphilis with its score of victims on whose hands the abrasions of hangnails, etc., give the point for infection. Such cases prove the innocent contraction of these diseases, and women whose work calls them to care for this type of cases should intelligently understand their own risks.

The biology of reproduction through the plant and animal kingdom and the details of human reproduction should be reviewed with the nurses. They are in the presence, often with no preliminary training, of the great pathological variations in life and are often warped in their own judgments by lack of a careful preliminary instruction on the absolute facts of human reproduction and its importance in the social organization of life. An ideal given to a nurse early in her training is a source of great personal protection to her in her hospital life. A respect for the perfect expression of human relations gives a personal reserve which is valuable in her relations to patients and to physicians, where too often familiarity may breed contempt.

As important as the personal training of the nurse to protect her physical health and her standards of life, is the fact that in every nurse we have a potential teacher. In the hours of service in the private home many questions are brought to the nurse from the inexperience of the young mother or her need to understand far more than she does, that must make a conscientious nurse feel at many points an inadequacy in her training for her work.

In connection with such a preliminary course of talks for nurses, there should be laid before her the great work in social hygiene which is taken up by the community. Public health nursing and social service nursing should be taught to every pupil nurse, not because every nurse will enter either field, but because every nurse should know the whole field of her profession offered to her. The city protects the individual in many ways. The boards of health and boards of education reach out to protect the baby, the community and the public school children. Public recreation introduces in the social life of the community its antidote to social degeneration. Playgrounds for children, supervised dancing, public concerts, etc., are all in a line to work against evils of city life. Nurses come in touch with every line of work intended to protect the individual against the faults and dangers of community existence. This is social hygiene work in its largest sense and nursing is its hand-maiden far more than any other profession.

The pupil nurse must have some vision of this great field of work given her. Ideal in her own personal life, her hospital life and her future working life are to be kept before her. Her possibilities as a

social hygiene worker are always present and must be looked after and taken advantage of, by having constantly an attitude of wishing to meet the opportunity. After such a course of general lectures, perhaps six in number, nurses can be met in small groups and their personal need for instruction be brought out. The nurses' reading room in every hospital should contain certain books on social hygiene and more particularly sex hygiene. A complete list of such books can be had by applying to the National Social Hygiene Society. The following is a short list, but a suggestive one to the nurse preparing herself to be of use to mothers in private nursing:

Instruction of the Child in Laws of Sex, Lytton.

The New Generation, Jewett.

Seed Babies and the Story of Life, Morley.

The Kallikak Family, Goddard.

Education in Sex Hygiene, Wilson.

Social Diseases, Lavinia Dock.

The Survey should be subscribed for by every training school in the United States as the periodical giving the best insight into social service problems.

Girls and the Mother of Girls, Mary G. Hood.

The Renewal of Life, Margaret W. Morley.

The Training of the Young in the Laws of Sex, Lyttleton

Hygiene and Morality, Lavinia L. Dock.

A RAY OF HOPE FOR LEPERS

From east and west come reports of hopeful improvement and possible cure of lepers. At the Culion Leper Colony in the Philippines, Dr. Heiser has been using chaulmoogra oil with apparent success, while from Jerusalem, as reported by *The Moravian*, comes the report that at the Bethesda House in Paramaribo, Surinam, the Government Commission on Leprosy has pronounced one patient cured and two improved, with a prospect of cure. In these cases, the agent was ajuni oil. Whether these oils are similar or not, we do not know.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The Daily Telegraph, London, has started a shilling fund to erect a memorial statue to Edith Cavell, the nurse who was shot by the Germans at Brussels for assisting English, French and Belgian soldiers to escape from the country. Sir George Brampton, the sculptor, has promised to execute it as a labor of love.

The French have conferred the Military Cross, with commendation in army orders, on a long list of heroic women who, as nurses, staid at their posts, some during the German occupation and all under fire. One, Baroness Fain, was at Château Compeigne when it was occupied by the Germans and, in the words of the army order, "faced difficulties of every kind with calmness, dignity and firmness, ready for all eventualities and constantly encouraging the staff."

Mrs. Louis Herbert, the German wife of an English clergyman, was arrested in England on a charge of sending information regarding munitions of war to the enemy. The judge asked her if she had done this, and she replied, "Yes, I did." The Judge remarked, "This woman has a conscience, she wishes to answer truthfully, she deserves credit for that." She was sentenced to imprisonment for six months.

Champagne, long famous for its wine, has been the scene of some of the most frightful carnage in this awful war. The artillery fire has been so tremendous that over tens of square miles no vegetation is left; even the rabbits and rats have been exterminated. Almost three million shells were hurled into one area in three days by the French, covering the whole country with a white powder. Surviving Germans, taken prisoners, were almost insane for days.

An eye-witness personally inspected a captured gun turret, the doors of which were fastened with chains outside. Inside were three unwounded, but unconscious, German soldiers.

German children are assisting in conserving the national resources by a systematic collection of acorns, horse chestnuts, beech nuts and bass nut seeds. Oil is expressed from them and they are used as a food for animals. The Prussian Minister of Agriculture publishes directions for their gathering, preservation and disposal.

Since the beginning of the war, two thousand French public school teachers have been killed in battle and eight thousand so severely wounded as to be unfit for service.

For the second time in history a Russian woman has been awarded the Cross of St. George. It has been bestowed upon Ivanova, a Sister of Mercy, who died while heroically leading a Russian company in storming an enemy's position after its officers had fallen. Czar Nicholas wished thus to honor her memory. The first woman so distinguished was Marie Durova, who as an officer fought valiantly against Napoleon.

It is stated that the Armenian massacres are no mere ebullition of Turk and Kurd fanaticism but have been administratively carried out in the most elaborate way. In the massacres nineteen years ago, there were 50,000 Armenian victims. Since last May, more than 800,000 have perished. The intention seems to be to exterminate the race. They are seldom armed and proverbially unwarlike. "God," says the Turkish proverb, "made the Armenian the brother of the hare."

A dispatch from Petrograd states that the Russian Red Cross Society has published a list of forty-six Sisters of Mercy who perished in the bombardment of a hospital by the Germans and Austrians.

It is stated that King Edward VII of England foresaw this war as early as 1908, when Bosnia and Herzegovina were annexed by Austria in defiance of the Treaty of Berlin.

Upper Lodge, Bushey Park, a beautiful royal domain near London, has been given by King George as a convalescent home for wounded Canadians. It has been accepted by the Canadian Army Medical Service.

Frederick MacMonnies, the famous American sculptor, who has lived in France for thirty-one years, recently returned to America. He had a studio at Giverny when the Germans began their advance on Paris. Recalling an incident in one of Edgar Allan Poe's stories showing that the most obvious place of concealment was the safest, he placed his art treasures in a barn and threw a little straw over them. They were not discovered.

Experiments have been carried out in France for the prevention of fog in river valleys by pouring oil over areas of water in the valley. By this means the cold air is prevented from meeting the water and so the condensation of vapor in the air is avoided.

The Eiffel Tower, Paris, is in constant use for military telegraphing. The French authorities willingly agreed to suspend all communications at certain times in order that experiments in wireless telegraphing might be carried on between France and America. In October messages of considerable length were received from Washington with the utmost clearness.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman National Committee on Red Cross Nursing Service

EXPERIENCES OF UNIT C., AT KIEF, RUSSIA

By LUCY MINNEGRODE, R.N.

The first group to leave the Red Cross ship, after a week in Falmouth Harbor, England, were the two units destined for England and Units "C" and "H" for service in Russia. We went ashore about 10 a.m., bade good-bye to the others and proceeded immediately to the station, en route for London, arriving the same afternoon and spending the night there, going on to Dundee, Scotland, the next morning. Immediately on arriving at Dundee, we were requested to proceed to the police station, though it was eleven o'clock at night, and there we had our first experience of the many questions which soon became familiar to us; we had also to show our passports. After one night at Dundee, we again embarked on a very small steamer for Goteborg, Sweden, two days on the North Sea; it was rough and nearly everyone succumbed. From Goteborg we went direct to Stockholm by rail, arriving there the next morning.

Stockholm is a very beautiful city and we enjoyed the three days' stay there, a stay necessitated by the difficulty in getting a ship for Rauma. While in Stockholm we were entertained at tea by the Swedish Red Cross Society and some of us were invited to lunch with the Russian ambassador, who was most kind, and who had arranged for a special ship to take us to Rauma. He and his family and all officials of the Embassy were at the dock the next day to bid us "Godspeed;" there were many other people to see the ship off and the moving picture man was busy with his machine.

Rauma is a small town on the coast of Finland, used now as a port of landing for refugees. We reached there early in the morning, after an indescribable night of tossing and tumbling about, and found a breakfast prepared in the Custom House. There is no hotel there, and the women of Rauma always prepare breakfast for passengers when any ship is expected. It is their gift to their country and we were told that on many days they fed more refugees than the town has inhabitants. We were entertained at several houses, in groups of five or six, and at 2

p.m. a dinner was given us in the Town Hall, at which the Burgomaster and other officials, as well as our kind hosts and hostesses, were present. Addresses of welcome were made and responded to, and at 4 p.m. we were escorted to our train for Petrograd. A representative of the Russian Red Cross met us at Rauma and from that time took charge of us. The train was cheered at many stations along the way and when we reached Tomashalsen, where we were to have supper, we found a feast prepared and waiting for us, a chorus of male voices singing Finnish folk songs and patriotic anthems, and the whole town, men and women alike, at the station to greet us.

We arrived at Petrograd the next morning, where we were met by more Red Cross officials and escorted to the Emperor's private room in the station, where an address of welcome in the name of the Russian Red Cross was given by Count Bobrinsky. We were quartered in one of the Red Cross hospitals, the Kaufmansky, two private corridors being given up to us, where we stayed while final arrangements for our disposition were made. During our stay at Petrograd, the Americans there were most kind, entertaining us and taking us to see everything of interest. One morning we were received by Her Majesty the Dowager Empress, at the Illagen Palace. She is the head of the Russian Red Cross and she was most gracious, having a kindly word for each of us. The doctors of our units were given commissions in the Russian Army as medical officers and all wore the Russian uniform. The sisters were given certificates as Russian Red Cross Sisters. A very impressive service is always held for all those going to the front, so on the afternoon of our departure, a similar service was held in the hospital chapel for us, the Russian sisters going with us, and our fifty hospital corps men, or *sanitaires*, as they were called. Our American friends were all asked to this service and many came, among them the Ambassador, Hon. George T. Marye and his wife, and our Consul, Mr. Winship.

Kiev had been decided upon as the most desirable place for our hospital, so we left for that place at about eleven o'clock that same evening, our train, a regular troop train, consisting of two coaches for the American Red Cross and Russian personnel, two coaches for the fifty *sanitaires*, and freight cars for our equipment, which we took complete, furniture, linen, kitchen and laundry supplies for a four hundred bed hospital, along with medical supplies and the four car loads sent by the American Red Cross. We were four days on the way, about nine hundred miles, living in picnic fashion, but most comfortably, as the Russian officials were very kind in their efforts to do everything for our comfort. There were six Russian sisters, who spoke English, one as housekeeper and the others as interpreters. They came from all ranks

of life and had had a six weeks' course of lectures to fit them for the service; there was a princess, a countess, and daughters of merchants and priests, all anxious to do their share for their country and the soldiers.

At Kiev we were again quartered in a Red Cross hospital, while a suitable building was being selected for us. We utilized this leisure time in giving demonstrations in bed-making, etc., to our *sanitaires*, none of whom had ever worked in a hospital before. They were so interested and eager to learn that it was a great pleasure to teach them and many of them afterwards became very expert in their work, either in dressing rooms or as ward orderlies. We also took some lessons in Russian and studied quite hard, the soldiers helping us a good deal, so that in a comparatively short time we were able to do without an interpreter, except for unusual cases.

The Russian Red Cross was most generous in its equipment for our hospital, as well as in making any alterations in the building that we desired. The building selected was one wing of the Polytechnic Institute which was situated in a very pretty and extensive park, about fifteen minutes' ride from the town and with the tram line running directly to the main gate. While the alterations were being made, the Sisters prepared the building for occupation.

There were three floors, the first used for quarters for the personnel, for administrative offices, pharmacy, etc. On the other floors were wards, operating rooms and dressing rooms. The wards were large rooms, with high ceilings and many windows, the corridors extensive and well lighted, and it would have been hard to find a place better suited for an improvised hospital. Our chief anxiety was from the scarcity of water, often there would be no running water on the floors after 10 a.m., and all hot water had to be brought from the basement. Large tanks on each floor, which were filled every morning, supplied cold water when the running water was cut off, and smaller tanks in every corridor were filled with boiled water for drinking.

When the hospital was all ready, we waited anxiously for news that our patients were coming. The first fifty came on a Friday, and on Saturday an opening service was held in one of the wards, where all the patients could be present. This service was attended by Red Cross and military authorities, and many others. Of course, the American Hospital was the center of interest and curiosity for a time and we were always open for inspection.

The system of baths was of particular interest to many who had hospitals of their own and in several of these hospitals, bath rooms similar to ours were installed. Our general bath was a large room in the basement near both to the main staircase and the hot and cold water,

and a squad of *sanitaires* were always on duty. All ambulatory patients were given their baths here, under the supervision of a doctor, while in an adjoining room the nurses gave sponge baths to the more seriously wounded. All patients on admission required a very thorough bath and, in addition, a hair clip and shampoo, which they seemed to enjoy particularly. We had their beards clipped also, unless they objected. Water was scarce at the front, only enough snow could be melted to make the necessary tea for them to drink, and melted snow was all the water they had, either officers or men.

After the official opening of the hospital, our patients came in rapidly until it was full, and each admission brought us more seriously wounded, so from that time on we had as much work as we could handle. The greatest difficulty was that our patients came in batches of from twenty-five to one hundred, and we had to get them bathed and attended to without disturbing the general routine of the hospital. During the day this work had to be done by Sisters who were having hours off duty, with the help of *sanitaires* and the few Sisters we could spare from the floors. At night, a certain number were called, each one doing this work in turn. No patient was ever sent to the ward without a bath, hairclip and shampoo, unless in a case of collapse, which was very rare. As soon as we could speak sufficient Russian, we would reassure the new arrivals and hasten to explain to them that they were in the American Hospital. Many times they would reply that they had heard of the hospital at the front from letters of wounded comrades who had been there, and usually they were much interested in being in a foreign hospital.

Many of our patients came from the Austrian front, the Carpatha, they called it. They were all Russian soldiers, no prisoners, but they came from all parts of Russia. We had Siberians, Great and Little Russians, Poles, Tartars, Bessarabians, Grusins, Cossacks from the Don and the Caucasus, and we never tired of their stories of their war experiences and of their homes and villages. They were equally interested to hear of America and picture postcards from the U. S. A. always drew a large crowd.

One man told of having been wounded at a place the soldiers called "The mountain of death," because of the great number who had been killed there. He lay on the field five days, giving himself first aid, as the firing was too constant for anyone to bring him in. Another lay for several days in a hut on the field, ministered to by a peasant woman. A third was buried in a trench for dead, but managed in three days to dig himself out. Stories of this kind were endless and never told as a hardship, but always as a part of the day's work and the fortunes of

war; they rarely spoke of any discomfort at the front, though in the hospital they were most particular to be shaved regularly and to have their linen and themselves always clean. They were most patient and made very few demands and no complaints; it would have been almost impossible to care for them with our limited number of Sisters if this had not been so.

Of our twenty-five Sisters, two were in the operating room, four in the dressing rooms, two for night duty, one in charge of dining room and quarters, so that the general work for four hundred patients, more or less seriously wounded, was done by the others, as well as the extra work, when there were admissions during the day. In spite of this, we nearly always managed to give each Sister half of Sunday and half a day each week, and we worked a nine-hour day, feeling that it was better to work harder part of the day and have the necessary time for rest, particularly as the strange environment and unusual food and climate seemed to make the Sisters more susceptible to illness, everyone suffering from throat trouble at some time.

At Christmas we had a tree and all our convalescent patients came down, saw the tree, heard the music, sang their national hymn, and were fed with sweets. Their own Christmas, thirteen days later, was celebrated with a tree for them, presents of a warm sweater or socks, boxes of sweets and cakes, the tree being preceded by a vaudeville performance. All the soldiers except the very ill ones, came to this celebration; the bed patients were brought down, bed and all, four sanitaires being required to carry each bed, as there was no elevator, but it was not much trouble and if it had been, their appreciation and pleasure would more than pay for it. At New Year's a very delightful concert was given for the patients by some students who wore the peasant costumes of Little Russia, and sang carols and folk songs.

A visit to Kiev was made by the Emperor during February and there was great excitement and activity at the hospital for days before his visit. At first we thought he would come to our hospital, but about 4 p.m. word came that he would be unable to get there, but was sending a representative with medallions for the more seriously wounded. The patients were much disappointed as many of them had not seen the Emperor, or "Little Father" as they call him. The day before, an order had come for all American doctors and Sisters to be at the station to see His Majesty before he left, so we were all there on the dot, the hospital being left in charge of the Russian doctor and Sisters. As we arrived at the station we were obliged to wait while the cadets from the Officers' School marched in; we stood in the first room in the station, a kind of ante-room, while the cadets and society people all went into

the general waiting room. Every street leading to the station was thronged with people waiting to catch a glimpse of the Emperor, and all day, along the way to the various hospitals he was expected to visit, there were throngs of people waiting. In the station the entire suite were assembled, the Cossack officers in the beautiful dress uniforms, all military officials in full dress, the court officers in their full dress. Everyone entitled to wear a ribbon or order of any kind had it on, all the society people of Kiev, the men in full uniform, the women in their most gala attire, only ourselves in our grey uniforms and white caps, were not in very gala dress. The scene interested us vastly while we waited and many people, some of whom we knew and some strangers, spoke to us. The Grand Duchess Nicholai Nicholaivitch and her daughter were there, very gracious to everyone. We hardly realized how long we had waited, when the cheers, at first faint, then growing louder, warned us that the Emperor was there. He drove up in an automobile, attended by only one officer, Prince Orloff, and preceded by a motor containing two officers. As he came into the room where we stood, he stopped a minute, then came forward and shook hands with each of us, apologised for having kept us waiting, and said he had heard of our hospital and wished to thank us for caring for his soldiers. He wore the service uniform of a colonel of the Russian Army, just like the one our doctors wore, and was the most plainly dressed person in all that brilliant assemblage. His English was perfect and his courtesy and kindness to us very marked. We were thrilled through and through, in spite of our democratic ideas, whether by the personality of the man himself, or by the realisation of what he stood for, it would be impossible to say. He had just come from a hospital where he had talked with a seriously-wounded boy of sixteen years, a volunteer, and he looked very sad. He passed on to the next room, made a short address to the cadets, and boarded his train which pulled out of the station, while cheer after cheer rang through the building.

Our patients were tremendously interested and seemed to think that to have us see the Emperor was the next best thing to seeing him themselves. They asked again and again, "Did he say *my* soldiers?" that was what pleased them most.

It would not be possible to adequately tell of the courage and endurance of these men, their unselfish devotion to each other, their constant kindness and thoughtfulness, or of their appreciation of the least thing done for their comfort. From admiration of their many sterling qualities, of their intelligence and pluck, we soon grew to love them and we feel as if they were really our own men; it would be hard to convince any of us who have lived and worked for or with them that there is anywhere in the world today a finer man than the Russian soldier.

The question would naturally arise as to whether the service were worth while, whether the nurse has given and gained enough to make it valuable. I would say decidedly that it was worth while from every standpoint; that we had both given and received much. There is not a soldier who has been a patient in the American Hospital who has not carried news of it to his home, and told of the work done for him. Many of our patients sent word back to us and often there were letters of thanks from their wives and mothers. One patient in writing back said, "My mother wept for joy when she learned how good every one was to me in the American Hospital." When we realize that these soldiers come from every part of Russia and that a good word for our hospital goes with each one of them to their homes, in Siberia, in Southern Russia, in Poland or the Crimea, then comes the realization that the work done by the American Red Cross is worth while and will be known and appreciated from one end of the Empire to the other and will be passed on from father to son for many generations.

The value to us comes from experience in handling large numbers of patients at once, all weary, ill, hungry and cold, and all anxious to get well as quickly as possible. To accomplish this in the shortest time possible and yet not disturb the routine of the hospital, requires a certain kind of organization and system, this alone I consider invaluable. Also we learn to know intimately a race of people very different from our own and in our case, particularly, we were thrown with a people of whom our only personal previous knowledge came from the immigrant, who certainly does not represent the best element even among the poor of the country, while the knowledge gained from the literature of the day is more misleading than helpful.

How many times it has been said to us, by the various people we have met, "Well, you have changed your mind about Russians, haven't you?" They realize fully that the reports of their country and countrymen do not emphasize the best characteristics of their race. Russia is a country so little known and considered so difficult to travel in and is so vast, with such a multiplicity of races and creeds, that it would take a lifetime to really understand it, but even a short stay is sufficient to convince one that much of what is said about it is exaggerated and more is untrue. In every walk of life the stranger within their gates meets with kindness and courtesy. One can come and go as he pleases provided certain regulations are complied with. Their hospitality is unlimited and spontaneous and a guest is literally given the whole house. They are broad-minded, big-hearted and generous; it is a privilege to have been allowed an opportunity to know them in their own country.

NURSING IN MISSION STATIONS

THE UNION MISSION HOSPITAL AT ILOILO, PHILIPPINE ISLANDS

By AMANDA P. KLEIN

This hospital was housed in a nipa building from 1900 to 1905, when the first permanent buildings were constructed. It was built on the pavilion plan and its capacity was thirty beds. In 1911, additions of concrete were made and its capacity was doubled; now we are again struggling with the problem of getting rooms for our patients. We have five private rooms, two semi-private of six beds each, one for women and one for men, and all the other beds are free. It is hard to find accommodations for from eight to thirteen private patients with only five private rooms. At present I have as a near neighbor in our quarters, a Chinaman in the room of the O. R. nurses, they, for the time being, are enjoying a "sleeping porch," the veranda adjoining the nurses' dormitory.

Among our patients are included the rich and poor of many nationalities. We have the distinction of being the first Mission Hospital in the islands. Our training school for nurses was two years in advance of the government one in Manila and one year ahead of St. Paul's Hospital in Manila. Our staff consists of two American doctors and two American nurses; the Presbyterians and Baptists are in the union. The training schools for nurses have been standardized and only women who are ready at least for high school can enter for training. In our pioneer days some of our nurses were only first and second grade girls, so you can imagine the task that was ours and you would be amazed at the things wrought by eternal vigilance. The Filipina nurse is gentle, kind, patient, ambitious and untiring in her efforts and service.

All who have read other articles on nursing in mission stations know that many of the cures here are little short of miracles to the humble sick poor.

We are sometimes called upon to go on errands of mercy to other islands. Three weeks ago today we received a cablegram from Cuyo Island asking Dr. Hall to bring a nurse along and go at once on a chartered steamer to bring a patient back who was desperately ill with dysentery. The division superintendent of schools chartered a small steamer for the trip, but as there was not sufficient coal on board for the long and unusual run, it could not get away until the next day. As

Dr. Hall could not go, he selected me to go alone. The distance is 140 miles. When the Captain was asked the length of time it would take he said, "*Seguro menos quince horas*" (Perhaps less than fifteen hours).

I started out alone with this people who do not speak English and I with barely a working knowledge of their language.

The day was beautiful and the run along the southern coast of this island, Panay, was charmingly beautiful. The rainy season had begun several weeks before and all vegetation on mountain, in valley and along the shore was reveling in moisture and sunshine. There was no cabin on the ship and only small lanterns for light, so, with the coming darkness of a perfect tropical moonlight night, "I lay me down" on a cot on deck, but I slept fitfully before midnight.

About 1 a.m. I was suddenly awakened by the wheel being entirely reversed. I could hear the Captain's signal in the engine room, he was shouting orders to the crew; they were hurrying hither and thither chattering like magpies. I could see four sailors sitting on the canvas awning at the bow of the ship, peering into the water, while the man at the side was sounding the depth of water and calling the same to the Captain. I opened not my mouth but awaited results. To the port side of us could we plainly see houses on the beach while to starboard a harbor light could be seen miles away over the beautiful sheen of the water. We started up again so quietly that I hardly realized we were going.

At 2 a.m. we dropped anchor a mile away from the landing. After the three shrill whistles had sounded, which startled the slumbers of the dogs in the village, but no lights appeared in the houses, I had a boat lowered and was taken ashore by eight Filipino sailors. It was a great relief when my straining eyes detected the outline of a man standing near the lighthouse and the sailors said: "Americano."

He piloted me to the home of the patient, who was an old-time friend of mine here in Iloilo almost a decade ago. I found a very sick patient, gave a hypodermic of emetine, also some remedies by mouth and then began packing her trunk.

By 4 a.m. a storm had come up, the thunder rolled, the lightning was very vivid and the rain descended in torrents.

At daybreak I went to a Filipino home to see a baby one week old who was not doing well. He was being fed on the milk of a wet-nurse whose child was ten months old, and was fed every time he cried. I left written instructions for their guidance in the care of the baby. After leaving this home, I waded through water three inches deep in returning to my friend's home and, as we still had the Indian's sign for rain, we prepared for our half-mile walk to the boat.

The patient was quite free from rain on a cot covered with blankets and oil cloth with an umbrella held over her, but we were a rather sorry procession of Americans. When we arrived at the landing, we found the cot would not stand in the boat, but fortunately, in the light-house was found a large piece of galvanized iron roofing that was the "friend in need."

The swell of the sea was by this time so great that it was with the greatest difficulty the men could place the patient in the boat. When we arrived at the ship, the deck was soaking wet and water dripping from all the awnings; a less cheerful place to have a very sick person would be hard to find. All the care of a dysentery case had to be given on the open deck.

After a two hours' run, we came into sunshine and a smooth sea. Arriving in Iloilo at 11.30 p.m., I employed six sailors to carry the cot another half mile to the hospital. We had but started on our way when the hospital boys arrived with the stretcher. They expected us at midnight.

Do I hear any say they will send us an auto-ambulance with its yearly up-keep?

I was told in Cuyo the excitement on board the ship was due to the Captain going through a dangerous channel, one they had never known even a small launch to take, and we went out by the same channel, but it was day.

ITEM

Mrs. Charles Lewis, a missionary nurse now at home on furlough from China, writes: "We are looking for two or three more good, conscientious Christian nurses who are anxious to be useful in laying the foundations for reliable nursing for the future China. 32,000 patients were seen at our clinics in Pautingfu last year and 823 operations were done, and yet we must beg for nurses to go and help with this work. We can get the best of material, both boys and girls, for our training schools, good Christians, bright students, who make good nurses."

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

CONTRACTS. "Should a visiting nurse association have a contract or an agreement for a nurse to sign after she has been accepted as one of the staff nurses?"

Answer: This depends upon the local association. It formerly was the custom in many cities to engage the nurses by the year, and after their two, three, or four months' probationary period was over, they were expected to sign a written agreement to remain with the association for twelve months. This has been done away with in a good many instances. The nurse who enjoys her work and who is doing it well, does not need a written contract to make her remain in it. The nurse who stays in public health work simply because of a written contract is frequently worse than useless. An honorable person gives her word and that is accepted as sufficient in most places. An association interested in its staff would not expect a nurse to refuse a good offer from another city, simply because it might temporarily cripple its work if she left. It is a compliment to the association that trained the nurse, as well as to the nurse herself, if another position seeks her and offers her an increase in responsibility as well as in salary. Such a nurse, tied down by a contract to remain against her will in a work in which she has lost interest, will not give it her best services.

On the other hand, if a nurse has accepted favors from the first position, in the form of scholarships, frequent paid sick-leaves, etc., she has these obligations to consider, even if there is no written contract, before she leaves her first position for another, if her leaving will cause much embarrassment to the first association.

INVESTIGATION VISITS. "Should a visiting nurse make investigation visits for the employer of an absentee workman when there is no illness in the home? Of course the visits are paid for by the employer."

Answer: Most visiting nurse associations have neither time nor inclination to send their nurses into homes where there is no illness or no ill health. Frequently a firm sends a visiting nurse out to hunt up an absent employee who has been reported as ill and the nurse finds that the employee is not ill and that there is no illness in his household. More frequently, however, she finds illness or home conditions which more than justify the time spent making the call and the firm is very

glad to compensate the association for the nurse's time and also to help the family further, upon her suggestion. If a nurse knows that she is being used merely to round up employees or, as they call it, "to spy on them," she is wasting her time if she does not refuse to make such visits; an office boy will do it quite as well. Few, if any, firms really interested in the welfare of their people would ask a professionally trained person to waste her time doing this sort of thing. As a rule, nurses are asked to investigate absent employees because the firm believes they or some member of their households are ill. If this proves not to be the case, the visit has been made in good faith, and the time spent has been worth while. This sort of thing readjusts itself very easily as soon as the people get used to having the visiting nurses call at their homes. In many cities where it is done, the employees appreciate this attention and are really grateful for it.

THE COMMUNITY NURSE. "Should a visiting nurse, going for the first time to work in a small community, spend her time working or talking? In other words, should she hunt up patients, give them care, and get her facts first hand, or should she undertake to talk to all sorts of clubs in the community, including the 'City Fathers,' on the public health needs of the town?"

Answer: This would depend on what the nurse was hired to do. If she is engaged to do instructive work only, paying special attention to school children or to tuberculosis, with its attendant tuberculosis dispensary, the nurse will have little time for bedside work. If she is engaged as the local visiting nurse, she should be able to plan her work so that the sick need not be neglected. She ought also to be keeping such records of her work that the committee or organization which engaged her may be able to talk intelligently about it to women's clubs, school teachers, associations of commerce, etc. If a nurse is going to remain in a community indefinitely, she will, perhaps, do more lasting and better work if she spends most of the time during her first three months, in the homes of the patients; but if she is a stranger in the town, she will also need to be introduced by some member of her committee, to the physicians, school teachers, ministers and other workers who come in direct contact with the sick in their own homes. The nurse should try to plan her work in such a way that some of it will live after her. It is possible to spend three years in a town and then to turn over one's work to a successor in such shape that the new nurse is months picking up the scattered threads; or one may spend six months in such a community and hand over the work so well planned and thought out that a new nurse may step into it without any break in either the instructive work or the home visiting. Faithful home work counts for a great deal;

nevertheless, the nurse going to a community of this sort is frequently the best prepared public health worker in it, and it is not to her credit if she gives beautiful nursing care to several typhoid cases and neglects to look up the source of the infection. In a recent talk on typhus given to nurses in London, Professor Sandwith emphasized the fact that one of the worst epidemics known in modern history was stamped out in two months "by the root of the infection being attacked." An isolated nurse working without trained supervision in a small community, should remember that the "root of the infection" is just as much her business as is the care of the patient made ill by the infection itself.

TAG DAY. "We are planning for a Tag Day to raise money for the Visiting Nurse funds. We are without experience in managing the campaign. Can you send us some suggestions or tell us to whom to write for them?"

Answer: The Visiting Nurse Committee of the Associated Charities of Minneapolis, Minnesota, raises a large sum of money yearly by its Tag Day. The Visiting Nurse Association of Providence, Rhode Island, has just had a most successful "Donation Day." If you will write these two organizations, I am sure they will be able to help you.

TOO LATE FOR CLASSIFICATION

MAINE

The Maine State Board of Examination and Registration of Nurses will hold a meeting at the State House in Augusta on Wednesday, January 5, at 9.45 a.m.

CAROLYN E. KELLEY, *Secretary-Treasurer*,
Augusta, Maine.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PICRIC ACID POISONING.—*The Medical Record*, commenting on experiments made by a French observer to determine the best means to diagnose between icterus and picric acid poisoning, says it is important to decide, as the external use of picric acid has given rise to occasional cases of poisoning. There is a yellowish coloration of the skin and mucosa, gastrointestinal irritation, prostration and a change in the color of the urine, similar to that caused by catarrhal jaundice. The absence of biliary pigments in the urine seems the chief point of difference.

CALCIUM IN EPILEPSY.—A writer in the *Boston Medical and Surgical Journal* advocates the use of calcium in epilepsy. White bread and potatoes are very deficient in lime. The addition of this, which is not furnished in sufficient quantity in the food, has had a markedly good effect in chorea, migraine, epilepsy and other nervous diseases.

THE PRESENT STATUS OF TWILIGHT SLEEP IN OBSTETRICS.—In a paper presented at a meeting of the American Association of Obstetricians and Gynecologists, the writer said he found it difficult to reconcile the fact that a patient displaying all the clinical evidences of pain, such as crying and groaning, as was observed in these patients, did not actually experience it. However, he was fully convinced that pain in a goodly proportion of cases was influenced to a degree that would warrant its adoption in selected cases, more particularly in the primipera of the highly emotional type and in multiperae where a long and tedious labor was anticipated.

TREATMENT OF ERYSIPELAS.—*The Journal of the American Medical Association* says a German physician has found a mixture of ten parts each of guaiacol and tincture of iodine in eighty parts of glycerine efficacious as a liniment in cases of erysipelas. It far surpasses all other measures he had tried.

UMBILICAL CORD AS REPAIRING MATERIAL.—A Prussian medical journal reports two cases in which the tissue of the umbilical cord was used to cover defects in the mucous membrane. One was in a scar between the upper and lower jaws, the other a fistula under the lingual bone.

OBSERVATIONS ON WET NURSES.—*The Medical Record* quotes a German writer as saying that the increased energy of sucking, when more than one child was nursed, increased the flow of milk; in some cases doubled it. The duration of lactation, provided the proper stimulation of sucking or the use of the breast pump is employed, is practically unlimited. Hottentots and Malays have nursed children after becoming grandmothers.

A NEW DISINFECTANT.—*The Bulletin* of the Public Health Service states that a new disinfectant has been discovered by the workers in its laboratory at Washington. It is derived from pine oil, a by-product in the manufacture of turpentine; this is mixed with rosin and sodium hydroxide solution. The result is a reddish brown liquid, rather thick and oily in appearance. It has a pleasing odor, no objectionable taste, and does not injure fabrics or metals. It is over four times as powerful as carbolic acid as a disinfectant and is almost non-toxic, making it safe as a throat spray or mouth wash in solutions of ordinary strength. It can be manufactured for fifty cents a gallon from domestic materials.

AN ANTISEPTIC PASTE.—A writer in the *Medical Record* recommends silver sugar paste as an application for septic, sloughing or gangrenous wounds. It is made by mixing brown sugar to the consistency of a smooth paste with nitrate of silver and water, 1 to 3000. This is applied and covered with pad and bandage. If it sticks, it is easily soaked off with water. It is especially useful when an antiseptic must be applied through an opening in a plaster of Paris cast.

REMEDY FOR INTRACTABLE HICCUGH.—A case of hiccough that lasted for eleven days is reported in a French medical journal. Large doses of bromide, chloral, chloroform and cocaine were given in turn, without result. Finally, adrenalin, in doses of ten drops of a 1 to 1000 solution was tried; the hiccough became less frequent and ceased on the dose being repeated.

BISMUTH CARBONATE FOR CHRONIC COLITIS.—*The New Zealand Medical Journal* reports that relief was obtained in a persistent case of chronic colitis by giving half ounce doses of bismuth carbonate twice daily. Five ounces by weight was given in all.

HONEY IN ANTIDIABETIC DIET.—*The Journal of the American Medical Association*, quoting from a Russian contemporary, says honey has been found to be a good substitute for sugar and other sweet foodstuffs in diabetes. It prevents acetonemia and diminishes the amount of sugar in the urine, although honey contains 75 per cent sugar. In one instance the sugar rate increased when the honey was stopped and dropped again upon four teaspoonfuls being given daily.

HEALTH ON THE FARM.—It is stated in *Health News* that the death rate in the rural communities in New York state is higher than that of the crowded city of New York. It is advised that the farmer must himself look out for proper disposal of waste, pure water and milk supplies, freedom from insect pests; practice habits of personal cleanliness and moderation in all things.

A NEW NECK BANDAGE.—A practical device for retaining applications high up on the back of the neck is illustrated in the *Journal of the American Medical Association*. The dressings are applied in the usual way; a 2-inch bandage is passed twice around the neck and folded on itself lengthwise the second time around. A piece of stiff cardboard is cut a suitable size and shape to support the dressing and the lower end placed in the fold of bandage. The bandaging is continued over the cardboard, carrying a few turns over the high top, until it is secure. This bandage can be as high as is required and does away with the need for sticking plaster.

IGNORED SYMPTOMS IN CHILDREN.—In an editorial on this subject in the *Medical Record*, a quotation from the *Lancet* says that growing pains are in reality rheumatism. Other conditions may cause these pains, as tuberculosis or syphilis. Another condition not always recognized is epiphyseal trauma, following perhaps a blow from a ball and impairing the usefulness of the finger.

COLLOIDAL SULPHUR IN RHEUMATISM.—French physicians report exceptionally good results in the treatment of acute articular rheumatism by means of intravenous injections of colloidal sulphur. In every instance the pain was relieved within twelve hours after the injection, sometimes within two hours. The temperature began to fall on the day after the first injection. In severe cases ten were required. There was in each case a systemic reaction lasting a few hours.

SALT PREVENTS SWEATING.—*The Journal of the American Medical Association* says that a German physician has had good results in checking the night sweats of phthisis by the administration of a level teaspoonful of salt in half a glass of water; 5 gm. sodium chloride, in 150 cc. water. The salt even checked the sweating under sodium salicylate and during the crisis in pneumonia.

A RING TO PROTECT OPEN WOUNDS.—A device adopted in Germany consists of a broad strip of roofing paper, slit at intervals along one edge; the strip is then rolled into a ring to fit over the lesion. The slit edge adapts itself to the surface of the skin below. A sheet of gauze laid over the top of the ring is held in place by a second narrow ring slipped on outside.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE FIRST TRAINING SCHOOL FOR NURSES IN AMERICA

DEAR EDITOR: In Miss Goodrich's excellent "appreciation" of Louisa Lee Schuyler, which appeared in the September issue of the *AMERICAN JOURNAL OF NURSING*, she sustains the claim made for Miss Schuyler of having originated the first training school for nurses in America, that attached to the Bellevue Hospital in New York, quoting the words of President Butler in conferring the degree of LL.D. upon Miss Schuyler in June, and the message of congratulation sent by the three national nursing organisations convened in San Francisco.

While it seems ungracious to pluck even one leaf from Miss Schuyler's crown of laurels, justice to the truth makes it necessary to correct an error which has gained such wide circulation. The Bellevue Hospital Training School was started in May, 1873. On September 1, 1872, the training school of the New England Hospital for Women and Children in Boston began its work. A brief statement of the establishment of this school is so clearly given by Dr. Alfred Worcester in his *Nurses for Our Neighbors* that I take the liberty of quoting a few sentences:

"To Dr. Susan Dimock, who became the resident physician of the New England Hospital for Women and Children in 1872, belongs the honor of having started the first real training school for nurses in America. She had just returned from Europe. After completing her medical education in Zurich, she had spent some time in Kaiserswerth, and in England she had made the acquaintance of Florence Nightingale.

"As might have been expected, she was well primed with enthusiasm for her pioneer work. She was the first in this country to urge well-educated young women to leave their comfortable homes in order to fit themselves by study and hard work for the profession of nursing. Only those of us who remember the opposition she encountered from the families and friends of the young women she thus inspired, can appreciate Dr. Dimock's great service. Most unfortunate was her loss on the ill-fated steamship *Schiller* in 1875.

"This first American training school for nurses began September 1, 1872, with five probationers They were trained in surgical and medical as well as in obstetrical nursing. Only twelve regular lectures were given them, but they received most valuable instruction from the attending physicians, and especially from Dr. Zakrzewski. The course was for one year; and the first to complete it, and so the first nurse to receive an American diploma, was Miss Linda Richards, whose autobiography, lately published, serves as the early history of many of the principal training schools in this country which were established under her superintendence."

Dr. Worcester, in preparing this statement, had access to the early reports and private papers of the hospital.

In October of 1873, Miss Richards, the first graduate of this school, became the night superintendent of the Bellevue school, which had been established the May previous.

The New England Hospital for Women and Children not only actually organized the first training school for nurses in America, but when incorporated in 1863, its intention "To train nurses for the care of the sick" was stated in its by-laws, and it was the first institution in this country chartered with that object definitely expressed. This charter was granted by the Massachusetts Legislature, March 13, 1863.

ALICE B. CROSBY (Mrs. Wm. O.).

Jamaica Plain, Mass.

REPLY TO "SPANISH-AMERICAN WAR NURSE"

DEAR EDITOR: After reading the protest of the Spanish-American War nurse, which was printed in the October number, may I, and a number of friends, send a few words of neutral protest? We, as true Americans, should agree on the peace problem. Why should this nurse attack Germany? Because American citizens were drowned aboard English vessels? Were they not sufficiently warned against traveling on vessels of the warring nations? How did Germany dare to tackle England, knowing her as a ruler over the seas, and her renowned naval force? Why does she mention Belgium, because Germany invaded that country? Did not Germany offer to pay indemnity for any destruction she might cause, Yes. No doubt nothing will be said about the landing of the English and French troops in poor little Greece, without that country's approval. There was no offer from England to that country for any destruction she might cause. Why does England insist on naming cotton contraband, but she may be supplied with ammunition. Then too, every interested American knows what England has always been to the United States. What was the cause of the Revolution? It was a German, Major-General Von Steuben, who drilled Washington's armies, which aided in making us free from England. Was it not England who encouraged the Civil War, by supplying us with ammunition, making that war so bitter, and to last so long? England, as far as history goes, has always rolled the stones, and let some one else throw them. Now then, let us own up to the fact that, in the bottom of our hearts, we have a great deal for which to thank Germany, especially education. The United States must look after its investments, the majority of which are in the countries of the Allies, hence our sympathy. Further more, as a nurse, it is wrong to uphold any war.

New York.

A NEUTRAL AMERICAN NURSE.

[While the letter department is open for the free expression of the JOURNAL readers' opinions, it would seem that letters such as this and the one in the October number to which it refers, accomplish nothing—Ed.]

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

Meetings were held in New York, in October, of the directors of the American Nurses' Association, of the Revision Committee, the Robb Memorial Fund Committee and the Relief Fund Committee. The date for the convention in New Orleans was decided upon as April 28-May 2, 1916. Fifteen applications for membership were given consideration and four alumnae associations were accepted, as follows: Ohio Valley General Hospital, Wheeling, West Virginia; St. Agnes Hospital, Philadelphia; St. Luke's Hospital, Kansas City; Woman's Hospital, Philadelphia. It was decided to call a meeting of the Advisory Council for the afternoon of January 21, 1916. The Advisory Council consists of presidents of state associations, the officers of the American Nurses' Association and the editor of the JOURNAL. (The Committee on Central Directories was appointed: Margaret McKinley, St. Louis, chairman; Mae D. Currie, Indianapolis; third member to be appointed.) It was announced that the Harvard Corporation has opened its school for health officers to women students. It was decided that applicants for help from the Relief Fund must be members of the American Nurses' Association. The Robb Memorial Fund Committee decided to inaugurate a special campaign to finish the fund, the campaign to cover the time from November 15 to February 1. It is hoped every graduate nurse and every pupil nurse in the country will make a contribution to this fund and that it may be completed. As soon as the sum of \$50,000 is reached, no more contributions will be asked for. The committee decided to abolish the scholarship committee and put its work in the hands of the executive committee, composed of five of its members; it also decided to grant scholarships hereafter only to graduates of American schools.

REPORT OF THE DELEGATE FROM THE AMERICAN NURSES' ASSOCIATION TO THE SEVENTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF CRIMINAL LAW AND CRIMINOLOGY, SALT LAKE CITY

The institute was called to order at the Hotel Utah on Monday morning, August 16. President Robert Ralston of Philadelphia made the opening address, in which he discussed the relation of criminal law to other branches of the law, and contended that criminal lawyers do not deserve the discredit that is sometimes cast upon them. Then followed the first of the reports from the twelve committees which were appointed at last year's convention. The report of Committee A, on employment and compensation of prisoners, was read by the chairman, Wm. E. Gemmill of Illinois. The conclusions reached were that all prisoners should be made to engage in work that should not only be lucrative but should fit them to earn a livelihood after their terms had expired, and that compensation should be given for this labor, the dependent family of the prisoner being the primary beneficiary, except in cases where another family has been made dependent through the criminal act of the prisoner, in which case such family should receive at least equal consideration with the family of the prisoner. A fund of at least

\$30 should be accumulated out of the earnings of every prisoner and paid to him, under the direction of a parole officer, upon his release. Farming and the building of public roads were commended as being suitable occupations for prisoners. The other reports scheduled for the morning session were laid over, and there was some discussion from the floor. One gentleman suggested that crime would be lessened by education in the home by public health nurses and other social service agents. In connection with judicial probation, it was suggested that trained nurses would make good probation officers.

At the beginning of the afternoon session, Quincey A. Meyers of Indiana, chairman of the committee which was appointed last year to draw up a "Criminal Procedure Act," reported progress, but as the matter was yet incomplete it was deemed advisable to recommit it to the committee to report at the next session of the convention. Edward Lindsay of Pennsylvania submitted the report of the committee on indeterminate sentence, release on parole and pardon. In submitting the report Mr. Lindsay stated that one of the worst features in connection with paroled convicts is public opinion which refuses to sanction the acts of a prison board. He advised that the paroled convict be given a position in connection with his former duties or that he be permitted to go from the state and seek other lines of employment so long as he reported to the parole authority. He summarized the provisions of statutes relating to parole and pardon in the various states where indeterminate sentence laws have been adopted, and mentioned some states which have put into operation systems of release on parole, without adopting the indeterminate sentence law. Other states, again, simply practice the parole and pardon of prisoners through their executives, without having had any legislation on the subject. In the absence of Grace Abbott of Chicago, chairman of the committee on crime and immigration, A. M. Abbott, secretary of the Institute, read her report. Her paper showed at the outset that the immigrant is not responsible for a disproportionate amount of crime and emphasized the fact that under our present system, innocent foreigners are often accused of crime on account of prejudice. She offered the following recommendations, which were adopted by the convention: 1. That court records in criminal cases include race, birthplace and birthplace of parents in order that reliable information in regard to the relation of immigration to crime may be available. 2. That such criminal statistics as are available be used in determining what adjustment of our social and educational institutions should be made to reduce the temptation in the various national groups to commit crime. 3. That competent interpreters paid by the city and appointed by civil service examination should be provided in all criminal cases, in which non-English speaking immigrants are concerned. 4. That the modification of the present system of imprisoning those who are unable to pay the fines imposed on them by an extension of the probation system will be especially productive of good results among immigrants inasmuch as their offenses are frequently the result of ignorance or the difficulty of adjusting old standards to their new environment. 5. That because of his peculiar helplessness, a public defender is especially needed for the non-English speaking immigrant who is accused of crime. There was a majority report and a minority report by the committee on sterilization of criminals. The majority report was offered by Joel D. Hunter of Illinois. He summarized the laws regarding sterilization which have been recently introduced in the legislatures of six states; Kansas, Missouri, Montana, Ohio, Pennsylvania, and Washington. These laws are variously eugenic, therapeutic and

punitive in intent. The committee found the present legal situation unsatisfactory alike to the advocates and the opponents of sterilisation, because in ten of the twelve states authorising sterilisation the law is not operative or not enforced. The majority report suggested that a research be made by a scientific body to secure all possible information concerning the results of sterilisation and that no further laws should be passed authorising the sterilisation of criminals as a eugenic or therapeutic measure until there is greater unanimity of opinion that criminality is heritable and that sterilisation has definite therapeutic value that cannot be produced otherwise. Wm. T. Belfield of Massachusetts submitted the minority report on sterilisation of criminals, in which he questioned the conclusions reached by the majority, namely that the effects of sterilisation have not been sufficiently studied and that there is great doubt about the heritability of criminal traits, and suggested "that a measure designed to check the ominous flooding of the nation with irresponsibles by irresponsibles; a measure which has secured within six years legislative enactment in twelve states, a measure whose constitutionality has been affirmed by one of the two state supreme courts that have passed upon it, is worthy of attentive consideration and virile treatment by the American Institute of Criminal Law and Criminology." Other reports submitted to the institute were Cooperation with Other Organizations, by W. O. Hart, of Louisiana; Translation of European Treatises on Criminal Science, by John H. Wigmore of Illinois; Criminal Statistics, by John C. Ruppenthal of Kansas; State Societies and New Membership, by Harry V. Osborne of New Jersey; Promotion of Institute Measures, by Frederic B. Crossley of Illinois; and Publications, by Robert H. Gault of Illinois. As none of the chairmen were present with the exception of Mr. Hart, who reported progress, the reports were laid over until next year for study and action.

The evening session was occupied by the annual address and the election of officers. The address was delivered by Hampton L. Carson, former attorney general of Pennsylvania and one of the leading criminal lawyers of the country. It dealt with the development of English criminal law as displayed in the Anglo-Saxon law, and was a most enlightening research into the fountain-head of criminal jurisprudence.

The officers elected were as follows: Ira E. Robinson, presiding judge of the West Virginia supreme court of appeals, president; Hampton L. Carson of Pennsylvania, first vice-president; Dr. H. C. Stevens of the University of Chicago, second vice-president; Simeon E. Baldwin, justice of the superior court of errors of Connecticut, third vice-president; Thomas Mott Osborne, warden of Ossining prison, New York, fourth vice-president; B. Winthrop of New York, treasurer; and M. Abbott of Pennsylvania, secretary. The executive committee for the coming year consists of the officers of the institute together with Judge Robert Ralston, whose term as president expired; Robert J. Sterret, of Philadelphia; William M. Gemmill of Illinois; Dr. H. E. Goddard of New Jersey; Dr. W. A. White, superintendent of the Government Hospital for the Insane at Washington; and Dr. Catherine B. Davis of New York, who is a social worker on the east side of New York. Members asserted that this was one of the most representative sessions that has been held by the institute in many years.

ELIZABETH SHELLABARGER.

REPORT OF THE NURSES' RELIEF FUND, OCTOBER, 1915

Receipts

Previously acknowledged.....	\$5658.51
Interest on bond.....	20.00
Marie Louisa Wehrly, Orange, N. J.....	5.00
North Carolina State Nurses' Association.....	10.00
Hahnemann Hospital Alumnae Association, Rochester, N. Y.	
Individual Members:	
Mrs. Margaret Hodgson.....	\$1.00
Matilda Leslie.....	1.00
Celia Staub.....	1.00
Nellie J. Crowley.....	1.00
Ella J. Cooper.....	1.00
Clara L. Walde.....	1.00
Ruth Forshay.....	1.00
Harriett E. Perry.....	1.00
Maud F. Schafer.....	1.00
Emma H. Kehrig.....	1.00
Marion Price, Rochester, N. Y.....	3.00
Virginia R. Clendenin.....	1.00
5th District Association of Illinois State Association.....	10.00
Missouri Baptist Sanitarium Nurses' Association, St. Louis, Mo.....	5.00
Mary E. Ayer, Connecticut Training School, New Haven, Conn.....	1.00
Anna M. Wakefield, Hartford Hospital Alumnae Association.....	5.00
Hudson Valley League of Nursing Education, New York.....	5.00
Mary C. Brets, Medico-Chirurgical Hospital Alumnae Association, Philadelphia, Pa.....	1.00
Hahnemann Hospital Nurses' Alumnae Association, Philadelphia, Pa..	15.00
Alumnae Association of the Training School for Nurses of the Protes- tant Episcopal Hospital of Philadelphia, Pa.....	25.00
Newton Hospital Alumnae Association, Mass.....	25.00
Nurses' Society of Essex, Warren, Somerset, Union and Hudson Coun- ties, New Jersey.....	5.00
Nurses' Alumnae Association Medico-Chirurgical Hospital, Phila- delphia, Pa.....	10.00
Ethel Sherman, Berkeley, Cal., Alumnae. Association Children's Hos- pital, San Francisco.....	1.00
Johns Hopkins Alumnae Association, Baltimore, Md.....	25.00
Adeline A. Brow, Alumnae Association, Newport Hospital, R. I.....	1.00
Lily A. Herward, Orange Training School Alumnae Association, N. J.....	1.00
Speers Memorial Hospital Alumnae Association, Dayton, Ky.....	5.00
Bertha B. Rhodes, Hartford Training School Alumnae Association....	1.00
Camilla B. Fulper, Alumnae Association, St. Luke's Hospital, South Bethlehem, Pa.....	1.00
Harriet I. Waterman, Hartford Hospital Training School Alumnae Association.....	1.00
Helen H. Crawford, Johns Hopkins Hospital Alumnae Association. Baltimore.....	1.00
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	\$5851.51

Amount forwarded	\$3851.51
8 bonds, par value	8000.00
2 certificates of stock	2000.00
	<hr/>
Balance November 1, 1915	\$15851.51

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City. For information address L. A. Giberson, 1520 Arch Street, Philadelphia, Pa.

M. LOUISE TWISS,
Treasurer.

THE NATIONAL LEAGUE OF NURSING EDUCATION

REPORT OF THE TWENTY-FIRST ANNUAL CONVENTION, held in San Francisco, California, June 21-25, 1915.—The full report of the 1915 meetings of the League is at present in press, and will be available for distribution very soon. All members of the National League will receive a copy, and so long as the supply holds out, anyone who wishes may order copies at a cost of \$1.

The following is a short summary of the main papers and addresses presented with a general drift of the important discussions. The meetings in which the three national organizations united have been already reported in the JOURNAL, with the opening addresses of the various presidents, and since several of the papers from the League are to be published in full, later, they will be very briefly mentioned here.

The League opened on Monday morning with a business session, Miss Noyes, the president, in the chair. The reports of the various committees took up the whole morning. That of the Committee of the Department of Nursing and Health presented a number of points of interest regarding new courses, scholarships, and placement of graduates, which have already appeared in the JOURNAL. One point of special significance is the increasing request for school nurses, which is being met by a special grouping of courses leading to school nursing. The director of the department feels that the next step should be the establishment of a training school directly connected with the University, which would serve as an observation and practice field for the graduate students who come to Teachers College as well as a professional school for the training of nurses. The discussion which followed emphasized the need of special courses for laboratory assistants and nurse anaesthetists, there being at present no adequate facilities for training in these branches. The reports of three committees, the Collegiate, Vocational Guidance, and Publicity Committees, all dealt with the same general subject of public education on the subject of nursing though the work accomplished had been done in different fields. The Collegiate Committee reported a very extensive campaign among the colleges throughout the whole country; a great many talks had been given on Nursing as a Profession and articles had been contributed to college magazines. The Publicity Committee had concentrated more on women's clubs and the general public, while the Vocational Guidance Committee had dealt more specifically with high schools. The latter committee submitted a long report dealing with the investigation which had been made among the graduates of thirteen prominent training schools, with the object of getting some reliable data on the work, health, and salaries, of graduate

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Relations*

nurses, the effects of training on health, and the general attitude of nurses to their profession. The figures, which are much too long to give here, bring out a great many interesting things. First that the general standard of health among nurses will compare very favorably with conditions of health among any similar group of workers. The old tradition that the working life of the average nurse is ten years, is certainly not substantiated by the figures for these 500 or more nurses. Furthermore it seems to be evident from the testimony of these women that the training on the whole was not detrimental to health, but rather tends to improve health. They are practically unanimous in declaring that they have never regretted entering the profession and the advantages which they say are to be derived from the training and the work itself, would supply effective ammunition for many campaigns. They have many improvements to suggest as to training and much good advice to give to those who think of entering. On the whole, the impression one gets from the replies is that of a happy, healthy, enthusiastic body of workers. There is still more material to be culled from these questionnaires, and this will probably also find its way into the JOURNAL. These three committees all agree that sustained and intelligent effort is urgently needed to acquaint the public and the people whom we wish to attract into our schools with the facts about nursing. It would be well worth while for both local and state organizations to consult the full report of these committees for the methods of work which have been found most successful. Reports from the various other committees and from the State Leagues completed the morning session. There are now thirteen State Leagues affiliated with the national organization and all of them report considerable interest and activity. About 67 new individual members were elected into the association, making a total of over 500 members.

A paper by Miss Riddle on The Social Life of Student Nurses opened the next session. Nothing could show more conspicuously the new point of view which is coming into training schools regarding the need for recreation and normal enjoyment among student nurses. The "Newton Experiment" as described by Miss Riddle, is packed full of suggestions and even though it may not be immediately possible for all schools to employ a Physical and Social Director to initiate and carry out all these fascinating projects, it is possible for all to do something along these lines. The next paper was one on The Planning and Furnishing of Class Rooms, by Elsa Maurer. Miss Maurer lays down a few general principles regarding the number and kind of class rooms necessary in the average training school and the general furnishings needed to carry on the right kind of teaching work. She describes in some detail the planning and equipment of the class rooms in Bellevue Hospital, New York, noting the specially good points about arrangement, etc., and making some suggestions for improvements or adaptations of the plan. A full list of the equipment of these class rooms is appended to the paper in the report.

An open meeting of the League was held on Tuesday evening in Festival Hall, Miss Noyes presiding. Mr. Colvin Brown representing the Board of the Exposition, gave the delegates a very cordial greeting to the grounds of the Exposition, and presented a medal of commemoration, to which Miss Goodrich responded. Dr. Edwin R. Snyder, commissioner of Vocational and Industrial Education in California, then spoke on Vocational Education in its Relation to Nursing. He traced the development of our modern system of education up to the present time, showing the newer tendencies toward vocational education in elementary

schools, high schools, and universities. Dr. Snyder believed in economizing the effort of the pupil as far as possible, and making every part of his education tell on his future vocation. He was inclined to doubt the wisdom of insisting on the older cultural or routine subjects for those who would enter such professions as medicine and nursing, and he felt that in nursing as in teaching, there might be a tendency to raise the preliminary standards so high that the salaries of these highly trained women might prove prohibitive. He thought there was room for a lower grade of worker, who might work as an assistant to the trained nurse, at a lower wage. Dr. Downing of New York, who happened to be in the audience, was asked to speak and made a powerful plea for the maintenance of higher educational standards (full high school at least), with as broad a cultural basis as could be obtained for those who are to train as nurses. He also strongly opposed the suggestion of a lower grade of nurse, though he admitted that there might be room for a less highly trained kind of worker who might perform some of the duties now undertaken by nurses. Such a worker could never undertake the responsibilities of a nurse, however, and should not be called a nurse. Edna Rich of the State Normal School at Santa Barbara, California, outlined the facilities which were offered there to graduate nurses. These are mainly in the line of dietetics, and the subjects relating to it. There was not time to read the paper by Louise Powell on Existing Affiliations between Training Schools and Universities. This paper gives detailed information regarding the different types of affiliations now existing and the extent and kind of cooperation which is being worked out between training schools and universities. She shows the advantages to be derived from the right kind of affiliations, taking as an example the Nursing School at the University of Minnesota with which she is connected. The kind of affiliation where the school has no organic relation with the university and does not maintain university standards, has little to recommend it.

On Wednesday morning, June 23, the League met again to discuss problems of teaching. The first paper was by Harriet Gillette, entitled *How to Help Pupils to Study*. Starting out with the main proposition that pupil nurses often do not know how to study, and that this is one of the most important things a teacher can do for a class, Miss Gillette gives the main factors in study and then proceeds to show how each one can be mastered. The paper was most suggestive and practical. It was a very great privilege to meet Dr. Anne M. Nicholson of the State Department of Education, Sacramento, and to hear her excellent paper on What Constitutes Good Teaching. As this is to be reprinted in the JOURNAL, it will be unnecessary to review it. Dr. Nicholson was followed by a very practical discussion on The Teaching of Hospital Housekeeping to Pupil Nurses, prepared by Miss Johnson and Miss Clark of the Peter Bent Brigham Hospital and read by Miss Hall. Since this is rather a new subject to occupy a distinct place in the nurse's curriculum, it is very interesting to know just what body of theory is included under the title and how the practical work is arranged and supervised. This subject comes into the preliminary course in the Brigham Hospital but the system applies all through the training. The main emphasis was placed on the following points: (1) During the preliminary course, teach the necessity of cleanliness and order. (2) Have a standard equipment for every ward. (3) Take an inventory of this standard at stated intervals. (4) Have each person's work definitely understood. (5) Place responsibility. (6) Be sure the supervisor knows who is responsible for every part of the equipment at all times. (7) Place the requirements of housekeeping high, never forgetting

that it is reached only by close and constant attention to the minutest detail. (8) Have frequent inspection by more than one person. (9) Most important of all, don't get discouraged.

Wednesday afternoon the Greek Theatre meeting was held, the American Hospital Association being invited as guests. The president of the International Congress, Miss Goodrich, presided, and gave the opening address. Greetings were read from Mrs. Bedford Fenwick of England and messages were sent from the Association to Mrs. Fenwick; to Miss Nutting; Miss Delano; Miss Wald; and Louisa Lee Schuyler, who helped to found the Bellevue Training School for Nurses. Mr. Chester Rowell, Commissioner of the State of California and Regent of the University, welcomed the three nursing organizations and their guests. Mr. Rowell showed an unusual appreciation of the problems of education which nurses are trying to solve and a real sympathy with their aims. He referred briefly to the question of the Eight-Hour Law in California, and felt that it marked the beginning of better things for nursing education as well as fairer conditions for pupil nurses. He paid a tribute to the services which nurses are rendering in lessening disease and misery at home and in helping to alleviate the horrors of war, "the one work in war that brings sweetness out of bitterness—the only work whose results are worth while." Sophia F. Palmer followed with a paper on The Power of the Professional Press. Passing in review the beginnings of the first newspapers and magazines, Miss Palmer took up the early development of medical education, and medical journals in this country, showing the relation of one to the other. She then drew a parallel in the relation of nursing journals to nursing education, showing how the power and influence of the professional press had helped to build up and strengthen our organizations. Miss Palmer then told the very significant history of the AMERICAN JOURNAL OF NURSING, from the first doubtful beginnings up to the present time. Miss Kent, representing the *British Journal of Nursing*, supported all Miss Palmer had said about the far-reaching influence of the nursing press in the hands of responsible professional leaders, also emphasizing its function as an international bond uniting nurses of all countries. Dr. Henry B. Favill of Chicago was next called upon to speak on What the Medical Profession Can Contribute to Nursing Education. There were so many good things in Dr. Favill's address that they cannot be condensed into a few words. He made it perfectly clear that he considered the training of the nurse an exceedingly important question, not only for nurses themselves, but for physicians and for the public as well. He felt that preliminary educational standards were important and knowledge was important, but that the point of view a nurse has is of very great importance. This social orientation enables her to know her relationship to the great human problems of life and to fulfill the peculiar obligations that are laid upon her because of her profession. These obligations are incumbent on nurses and physicians equally, because they deal so much with the moral and spiritual as well as the physical crises of life. For this they must have influence and the power of leadership. Dr. Favill puts great stress on the continuation of education after the training is over, otherwise the nurse is simply a skilled worker, and not a member of a profession. Physicians have made some contribution to nursing education, but not exactly the kind of contribution they ought to have made, largely because their own point of view was not right. He felt that the ablest men in the profession should take a much more active part than they had taken in the teaching of nurses. The time was too short to read Dr. Winford Smith's paper on The Educational

Function of the Hospital, but it is an important contribution that ought to be read by everyone. Dr. Smith takes a very decided stand on the educational obligations of the hospital, not only in relation to the community and to medical education, but to nursing education as well. He feels that this branch has not received the consideration to which it is entitled. Prominent authorities were quoted to prove the growing importance of the nurse in many lines of service and the great necessity for an adequate training to meet these demands. Dr. Smith insists that a nurse can no more be over-trained than a doctor can be over-trained. The hospital must be prepared to provide adequate facilities for this branch of its work and to put it on a strictly educational basis, with proper entrance standards and proper teaching. Economic considerations should not be allowed to control the attitude of the hospital to the pupil nurse. Music was an especially attractive feature of the Greek Theatre Session, and the whole setting made an indelible impression of dignity and beauty, which visitors to the convention can never forget.

to be seen

The Thursday morning session dealt mainly with problems in Training School Administration. The first paper was by Lila Pickhardt of Pasadena, California, and dealt with Training School Records. The confusion and waste of time arising from poor methods of record keeping were discussed and some of the main advantages of careful record keeping emphasised. Methods used in various schools were outlined, modifications of the card system meeting with greatest favor. The writer of the paper explained her own method in detail. Several important points were brought out in the discussion by Sara E. Parsons and Amy M. Hilliard. Miss Jamme also explained the method in use in the California Bureau of Registration of Nurses which she felt had been a great aid in standardizing the system of nursing education in that state. The Eight-Hour Law for Pupil Nurses in California was the subject of a paper by Mrs. H. W. Pahl of Los Angeles. Mrs. Pahl had been one of the earlier opponents of the eight-hour law, but when it was passed she started in to see what could be done to make it work smoothly. In spite of the added expense in running the hospital (which the patients are obliged to meet) Mrs. Pahl feels that there are many benefits to be derived from the new system. The nurses are in better health and happier, there is more time for class work and study and a better type of woman is attracted into the school. There are several things still to be adjusted, but on the whole she feels that it has been a step in the right direction. Effie Taylor of Baltimore, in discussing the paper, brought out additional evidence on the necessity for shorter hours, but deplored the tendency to regulate such conditions by labor laws. Hospitals must make this unnecessary by taking the initiative themselves. Mrs. Edson, a member of the California State Industrial Commission, threw some very interesting light on the controversy in California by telling just how it had all come about. Mrs. Edson is a member of the State Bureau of Labor, by whom (not by the labor unions), the original bill affecting hours of work for women, was drafted. Complaints about the exploitation of pupil nurses were so incessant that finally, on due investigation, it was decided to extend the protection of the law to pupil nurses. Then came all the long struggle to upset this decision, which was finally upheld by the Supreme Court. The discussion which followed brought out many points of interest, the consensus of opinion being that the net results of the eight-hour law were good, but no law of the kind should be applied to an educational institution. It remains with the hospitals in other states to make such legislation unnecessary. Miss Whitney,

representing the Congressional Union for Woman Suffrage presented the question of the Susan B. Anthony Amendment, for which she asked the support of the League. This suggested amendment to the Federal Constitution would make suffrage a national instead of a state issue.

On Friday morning, after several matters of business were attended to, a paper on Self Government, by Carolyn Gray of New York, was presented. Miss Gray outlined some of the new conditions which are to be met by nurses today and then asked the question whether we can best prepare the nurse to meet these conditions by the older system of discipline, which we call "military," or by a form of self-government. In order to know just how this system works, data had been collected from many schools where it is in use. The testimony is interesting, and points to many advantages to be derived from an active participation of students in the making of the laws which govern them, and the enforcing of them. Some doubtful results are reported, and some failures. There seems a tendency in nursing schools to try out some features of self-government, but the peculiar conditions under which nurses work, make the problem a difficult one. Miss Gray thinks the experiment well worth trying, in view of the resulting development in the pupil's character, which comes from even a slight measure of self-government. The discussion dealt mainly with the problems of discipline as they concern post-graduate and affiliating students,—Miss Noyes and Miss Cadmus both giving excellent suggestions. Miss Maxwell, Miss Parsons, Miss Jammé, and others, spoke of their experiences with a modified system of self-government. The League then adjourned to meet in New Orleans in 1916.

AMERICAN RED CROSS

Notice is hereby given that the Eleventh Annual Meeting of the American National Red Cross will be held on December 8, 1915, at "Rauscher's," 1034 Connecticut Avenue, Washington, D. C. The Central Committee will meet at 9.30 a.m. and the General Board at 10.30 a.m.

C. S. MAGEE, *Secretary*.

ARMY NURSE CORPS

APPOINTMENTS.—Lois L. Compton, graduate of Woman's Hospital, Philadelphia, Pa.; Marion A. Himes, Memorial Hospital, Worcester, Mass.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

TRANSFERS.—To the Walter Reed General Hospital, Takoma Park, D. C.: Bessie S. Bell, assigned to duty as Chief Nurse. To Letterman General Hospital, San Francisco, California: Ella Kirkpatrick, Rose Pegler, Edna M. Rockafellow, Bessie P. Seger. To Department Hospital, Honolulu, Hawaiian Territory: M. Estelle Hine, with assignment to duty as Chief Nurse. To Department Hospital, Manila, Philippine Islands: Carolyn Milligan. To Post Hospital, Fort Wm. McKinley, Rizal, Philippine Islands: Clara G. Calderwood.

DISCHARGE.—Auber M. Kepler.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

ALABAMA

The bill for state registration, which was approved on August 6, 1915, reads as follows:

AN ACT

To Provide for State Registration of Nurses

SECTION 1. *Be it enacted by the Legislature of the State of Alabama*, That a board to be known as the Board of Nurses Examiners for the state of Alabama, is hereby created to consist of five members who shall be appointed by the Governor three of whom shall be graduate nurses and two of whom shall be physicians.

SECTION 2. That within ninety days after the passage of this act the Alabama State Association of Graduate Nurses shall, through its executive committee, submit to the Governor a list containing the names of four licensed physicians of good standing in their profession together with the names of six nurses each of whom shall have graduated from a training school connected with a general or private hospital requiring not less than two years training and who shall have been engaged in nursing for not less than five years after graduation, and the Governor shall appoint the members of the board from said list.

SECTION 3. That each member of said board shall serve for a term of three years, and until his or her successor is appointed and qualified; except in the case of the first board, whose members shall hold office as follows: One nurse shall be appointed to hold office for one year, one nurse and one physician for two years, one nurse and one physician for three years. An unexpired term of any member of the board, caused by death, resignation or otherwise, shall be filled by the Governor in the same manner as the original appointment is made.

SECTION 4. That the members of said board shall, as soon as organized and annually thereafter in the month of October, elect from their number a president and a secretary-treasurer. Three members of this board shall constitute a quorum. Special meetings of said board shall be called by the secretary-treasurer upon the written request of any two members. It shall adopt a seal which shall include the words "Nurses Board of Examination and Registration of Alabama" and the imprint shall be placed on all certificates and warrants issued by it. Said board shall be authorized to make such rules as may be necessary to govern its proceedings, and to carry into effect the purpose of this act. The secretary-treasurer shall keep a record of all meetings of the board and an official register of all applicants for registration under the provisions of this act. Said register to show the name, age, nativity, place of residence and photograph of each applicant, said register shall also show whether said applicant was examined, registered or rejected under this act, and said register shall be prima facie evidence of all matters therein contained and shall be open at all reasonable times to public inspection.

SECTION 5. That members of said board shall receive five dollars per day and the actual necessary expenses incurred in the discharge of their duties, and the secretary-treasurer shall receive an additional salary to be fixed by the board not to exceed one hundred dollars per year, said expenses and salaries shall be paid from the fees received by the board under the provisions of this act, and no part of salaries and other expenses of the board shall be paid out of the state treasury. All money received in excess of said allowance and other expenses provided for, shall be held by the secretary-treasurer for meeting the expenses of the board and the cost of annual reports of the board.

SECTION 6. That after October 1, 1916, it shall be the duty of said board to meet at least once in every year and at such other times as the board may deem expedient for the purpose of holding examinations. Notice of such meetings

shall be given in the public press, in at least one nursing journal, and by mail to every applicant, and to every training school in Alabama, at least thirty days prior to the meeting.

SECTION 7. That any person desiring to obtain a certificate of registration under this act shall make application in writing, first paying to the secretary-treasurer an examination fee of five dollars and shall present himself or herself at such regular meeting for examination of applicants. Said board being satisfied that said applicant is of the age of twenty-one years, of good moral character, has received the equivalent of a grammar school education and has graduated from a training school connected with a general hospital or sanitarium, where not less than three years consecutive training with a systematic course of instruction is given in the hospital or sanitarium or has graduated from a training school in connection with a hospital of good standing supplying a systematic three years' training corresponding with the above standards which training may be obtained in one or two affiliated hospitals, shall proceed to examine said applicants in elementary anatomy, physiology, bacteriology and materia medica, in medical, surgical, obstetrical and practical nursing, in dietetics and hygiene. Said board shall, upon said applicant passing said examination to its satisfaction, cause the name of the applicant to be entered upon the register kept for that purpose, and shall cause to be issued to said applicant a certificate of registration authorizing him or her to practice the profession of nursing as a registered nurse. Registered nurses from other states may be accepted without examination, upon furnishing satisfactory evidence to the board of examiners that they possess the above qualifications embodied in this act and upon payment of registration fee. Provided, however, that all graduates of the Bryce Hospital Training School for Nurses, situated at Tuscaloosa, Alabama, shall be entitled to examination and registration under the provisions of this act.

SECTION 8. That all nurses graduating before October 1, 1917, be permitted to register without examination upon payment of registration fee. Nurses who are graduates of training schools connected with a general hospital or sanitarium giving two years training and in which in other respects proper standards are maintained and who are engaged in professional nursing at the date of the passage of this act or have been engaged in nursing five years after graduation prior to the passage of this act and also those who are in training at the time of the passage of this act, and shall graduate hereafter shall be entitled to registration without examination provided such application be made before October 1, 1916. Provided, also, that all graduates of the Bryce Hospital Training School for Nurses, situated at Tuscaloosa, Alabama, shall be entitled to registration under the provisions of this section upon furnishing satisfactory proof of their graduation from said school.

SECTION 9. It shall be unlawful after October 1, 1916, for any person to practice professional nursing as a registered nurse without a certificate in this state. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as "Registered Nurse." No other person shall assume the title "Registered Nurse" or any other letters or figures to indicate he or she is a registered nurse. Provided, that the provisions of this section shall not apply to graduates of the Bryce Hospital Training School for Nurses, situated at Tuscaloosa, Alabama, who can furnish satisfactory proof of graduation from said school.

SECTION 10. That this act shall not be construed to affect or apply to gratui-

tous nursing of the sick by friends or members of the family, nor shall it apply to any person nursing the sick for hire, but who does not in any way assume the title of "Registered Nurse" or "R.N."

SECTION 11. That the board of examiners shall have the power to revoke any certificate of registration for incompetency, dishonesty, intemperance, immorality or unprofessional conduct after a full and fair investigation of the charges preferred against the accused. Thirty days prior to such hearing a copy of the charges (which charges must be specified in writing and under oath), shall be furnished to the accused, who shall at the same time be furnished with written notice of the time and place where such charges will be heard and determined. At such hearing all witnesses shall be sworn, either by the president or secretary-treasurer and the accused shall be entitled to be heard and represented by counsel. No revocation shall be made except upon a majority vote of the full board and upon the revocation of any certificate the same shall be null and void and the secretary-treasurer of the board shall strike the name of the holder thereof from the roll of registered nurses.

SECTION 12. That any person violating any of the provisions of this act or who shall wilfully make any false representation to the board of examiners in applying for a certificate shall be guilty of a misdemeanor and upon conviction be punished by a fine of not less than ten dollars and not more than five hundred dollars.

SECTION 13. That the words "general hospital" as used in this act shall mean a hospital that maintains twenty or more beds for the sick and where general medicine, general surgery and obstetrics is practiced.

SECTION 14. That all laws or parts of laws in conflict herewith be and the same are hereby repealed.

SECTION 15. That this act shall take effect sixty days after its passage.

THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES held its second annual meeting in Montgomery, at the Exchange Hotel, on October 5. After the meeting had been called to order by the president, Miss Denny, twenty delegates responded to the roll call. The total membership of the association is 255: Mobile, 110; Montgomery, 40; Birmingham, 105. The reports of the secretary and treasurer were read and accepted. Margaret Hutton read a very interesting report from the Legislative Committee in regard to the bill for state registration. A vote of thanks was given J. W. Green, physicians and others who had worked in behalf of the bill. Reports from the graduate nurses' associations were given as follows: Mobile, DeWitt Dillard; Montgomery, Susan Fitzpatrick; Birmingham, Helen McLean. The amendments to the constitution were read and adopted. A Committee on Resolutions was appointed, DeWitt Dillard, chairman. Ten names of candidates for the Examining Board were chosen, to be submitted to the Governor. The Nominating Committee presented its report.

At noon, the members were the guests of the Montgomery Association at a luncheon given at the Exchange Hotel, where short talks were given by five doctors. Miss Hutton presided at the afternoon session. The house discussed a motion made by Helen McLean that the suggested course of instruction for training schools for nurses, recommended by the Executive Board, be accepted by the Association as a model and that the Executive Board be requested to present this course of instruction to the State Board of Examiners for their approval and ask them to adopt the same to be used in the training schools in the state. After some objections the motion was carried. The report of tellers was read, and the

following officers elected: president, Margaret Hutton, Montgomery; vice-presidents, Katherine Cauty, Birmingham, DeWitt Dillard, Mobile; recording secretary, Helen McLean, Birmingham; corresponding secretary, Henrietta Sanford, Montgomery; treasurer, Bertha Thompson, Birmingham; members, Annis E. Stay and Mary Denman, Birmingham; trustee for three years, Katherine Moulitis, Birmingham. The other three members were nominated from the floor and voted on by ballot: Linna H. Denny, Birmingham; Lamoyne Phares, Mobile; Mrs. Belle Hope, Montgomery. The trustees already in office are: For one year, Laura Jones; for two years, Mrs. E. M. Hartsock. The trustees who act as Advisory Board are: Dr. Cabot Lull, Birmingham; Sterling Wood, Birmingham; Rev. W. N. Claybrook, Birmingham. Helen McLean gave a report as delegate from the Birmingham Graduate Nurses' Association to the International Congress of Nurses in San Francisco. Mrs. E. M. Hartsock, of Birmingham, read the Lee Bill and the amendment to the bill offered by the Graduate Nurses' Association of Birmingham. She mentioned the delegation of nurses who went to see the Governor to make a protest against the bill. After a lengthy discussion, the amendment of the Birmingham Graduate Nurses' Association was approved and a protest was made by the State Association against the Bill, to be sent to the American Nurses' Association, to go on record.

The following communications were read: An invitation to attend the Southern Tuberculosis Conference at Columbia, South Carolina, October 8 and 9; a letter from the managing editor, Annie M. Brainard, of the *Public Health Nurse Quarterly*, explaining the need of public health nurses on public health nursing staffs in the public health centers in the United States. The meeting adjourned for an automobile ride about the city and a visit to the hospitals.

The evening session was called to order by the second vice-president, Lamoyne Phares, owing to her having to leave on an early train, the president, Linna Denny, took the chair. The invocation was by Dr. R. H. McCaslin. An eloquent address was given by John S. Tilly who represented Hon. W. A. Gunter, Mayor of Montgomery. Margaret Hutton, of Montgomery, gave the address of welcome. Dr. R. S. Hill, of Montgomery, gave a most interesting and eloquent address. He urged the nurses to make their organization great by standing for great things. Invitations to meet in Mobile and in Birmingham in 1916 were given; that to Mobile was accepted. Resolutions were adopted thanking J. W. Green of Dallas, for his efforts in behalf of the bill for registration, to the Montgomery Association and all others who had helped entertain the Association and of regret at the death of Sister Regina of the City Hospital, Mobile. Mrs. Thomas M. Owens spoke briefly on the movement to have established a chair of rural nursing at Peabody College, Nashville, Tennessee. It was decided that the Association support this movement in any way possible. Margaret Patterson interested everybody with a brief outline of her experience as a Red Cross Nurse in a military hospital in France. Linna H. Denny gave the president's address. Miss Crenah, Superintendent of Nurses, Bryce Hospital, Tuscaloosa, read a paper on What is Required of the Nurses, and the work done by them in the State Hospital for the Insane. Dr. J. N. Baker delivered an address on The Trained Nurse, Past, Present and Future. The meeting adjourned to meet in Mobile in October, 1916.

A measure which passed the State Legislature recently and which the nurses of the state sought in vain to modify, reads as follows:

A bill to be entitled an act to prohibit white female nurses from nursing or

being employed in nursing in wards or rooms in hospitals either private or public, in which negro men are placed for treatment, or to be nursed, and to provide the punishment for a violation thereof.

Be it enacted by the Legislature of Alabama:

SECTION 1. It shall be unlawful for any person or corporation to require any white female nurse to nurse in wards or rooms in hospitals, either public or private, in which negro men are placed for treatment or to be nursed.

SECTION 2. It shall be unlawful for any white female nurse to nurse in wards or rooms in hospitals, either public or private, in which negro men are placed for treatment or to be nursed.

SECTION 3. Upon conviction for a violation of either of the foregoing sections, the court shall assess a fine of not less than one nor more than two hundred dollars, and it may also, as an additional punishment, sentence such person, upon conviction, to confinement in the county jail, or to hard labor for the county for a term of not exceeding six months.

CALIFORNIA

THE CALIFORNIA STATE BOARD OF HEALTH held the third examination of nurses on October 12-13, in the amphitheatre of the University of California Medical School, in San Francisco. 140 nurses were present to take the examination.

An arrangement was made between the State Board of Health and the State Civil Service Commission whereby nurses who passed the examination for registration would be eligible for state civil service positions without further written examination, after taking the oral examination. This provides a civil service list which is available for all state positions in state institutions in California.

CANADA

Toronto.—WELLSLEY HOSPITAL TRAINING SCHOOL held graduating exercises for its first class of nurses on October 15, in the reception rooms of the hospital. There were ten nurses in the class. The diplomas and hospital pins were presented by Lady Hendrie. Two scholarships of fifty dollars each were given in the senior, intermediate and junior years. A reception was held after the exercises. An alumnae was formed of the graduates with Elisabeth G. Flaws as honorary president; Laurie K. Stinson, president, and Anna Stedham, secretary-treasurer.

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses according to the law, at the Capitol Building, Denver, December 28 and 29. For further information, address Louise Perrin, secretary, Capitol Building, Denver.

DENVER.—THE MERCY HOSPITAL ALUMNAE ASSOCIATION held a meeting of special interest in the lecture room of the hospital on September 6. Officers were elected as follows: president, Elisabeth Gray; vice-president, Lottie Jordan; secretary, Cecelia Gussenhoven; treasurer, Cecile Young. The members discussed the importance of remodeling their dressing room in the Nurses' Home and means of meeting the required expense of this and of furnishing a room in the hospital for sick nurses. A Halloween benefit dance was unanimously decided upon. This dance was given on October 30 in the ball room at the Nurses' Home, which was appropriately decorated. The affair was a success, both socially and financially, \$130 being made, clear of expense.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting with all officers present and a goodly attendance. After routine business, Dr. Comfort gave a sketch of the beginning and the work of the dispensary which, although free to the poor of the city, belongs to the medical branch of Yale University. During October Miss Stannard completed her tenth year as matron of the Nurses' Home. She was the recipient of many congratulations and good wishes. Miss Coonan, a former secretary of the Association, who has been a navy nurse for four years, is taking graduate work at Johns Hopkins, preparatory to taking a position as teacher of obstetrical nursing in the University of California, San Francisco.

DELAWARE

THE BOARD OF EXAMINERS FOR REGISTERED NURSES will hold an examination at the Homeopathic Hospital, Wilmington, on Monday, December 6, 10 a.m. to 5 p.m. All nurses wishing to take the examination will please attend.

AMY G. ALLEN, *Secretary*,
623 Broome Street, Wilmington.

DISTRICT OF COLUMBIA

Washington.—THE ALUMNAE OF THE GARFIELD MEMORIAL HOSPITAL held a reunion at the Registered Nurses' Club on the afternoon of October 16, which was well attended, in spite of the rainy weather. A dainty collation was served.

THE GRADUATE NURSES' ASSOCIATION held its first annual meeting at the Nurses' Club House on November 1, Lily Kanely presiding. This was the first meeting held under the new constitution and by-laws. The directors are arranging an interesting course of lectures for the winter.

ILLINOIS

THE ILLINOIS STATE BOARD OF NURSES EXAMINERS will meet in Chicago, January 11 and 12, 1916, for the purpose of conducting an examination for the registration of nurses. Applications must be filed not later than January 1, 1916. Blanks and information may be procured by addressing the secretary,

ANNA L. TITTMAN, R.N.,
Capitol Building, Springfield, Ill.

Springfield.—THE GRADUATE NURSES' ASSOCIATION held its October meeting at the Lincoln Library, on the 30th, in conjunction with the Springfield Alumnae Association and the Central Directory Board, with a large attendance. Many important affairs were attended to. The two new members of the Central Directory Board are: Alice E. Dalbey, reflected, and Kate W. Reid. An increase in salary of \$10 a month was given the registrar, Mrs. Hudson, and it was given gratefully, as the members feel that few persons could fill the position so satisfactorily. The new Nurses' Home of the Springfield Hospital is now ready for occupancy. It will accommodate forty nurses.

Peoria.—DISTRICT NUMBER 7 OF THE ILLINOIS STATE ASSOCIATION held a regular meeting at Peoria on November 5, when Miss Wheeler of the Illinois Training School spoke on Nursing Ethics.

Chicago.—ALMA FORESTER, class of 1910, Presbyterian Hospital, has returned from Kiev, Russia, after a year of Red Cross service among the Russian soldiers in one of the base hospitals. Cora V. Johnson, class of 1907, Gertrude Hard, class of 1914, and Sarah Hibbert, class of 1911, who went to Kiev with the second contingent, are returning to this country by way of Siberia, China and Japan. Mrs. Estelle Koch, class of 1914, formerly third assistant superintendent of nurses at the hospital, has accepted the position of directress of nurses at the new Christian Church Hospital, Kansas City, Missouri. Mrs. Alce Bowen, class of 1909, has accepted the position of instructor on Floors B and C. Evelyn Smith, class of 1911, and Mariette Dean, class of 1912, are engaged in Infant Welfare Work. Anna Weum, class of 1914, is employed by the Visiting Nurse Association. Hilda Stickley, class of 1915, is now head nurse in the Maternity Department. Catherine Busby, class of 1912, is supervisor on the third floor. Agnes Sprick has resigned her position to take up private nursing.

IOWA

Des Moines.—THE IOWA STATE ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS was recently organized with Dr. W. W. Pearson as president and Walter F. Clowes, executive secretary, with headquarters at 410 Century Building. The Tuberculosis Dispensary will hold clinics twice each week, Thursday and Saturday afternoons, from one to two o'clock. Dr. John H. Peek has offered his services. The clinics will be held at the headquarters of the Visiting Nurses' Association, 410 Century Building.

THE DES MOINES REGISTERED NURSES' ASSOCIATION held a meeting on October 6. After the business for the afternoon was transacted, Jane Shirley, overseer for the Poor, and Dr. Saylor, City Physician, gave talks on What Nurses Can Do to Improve Sanitary Conditions. At the meeting held on November 3, Laura Chennell, chairman for the afternoon, read a paper prepared by Martha Vietch, on The Rights Accorded by Franchise. Mrs. Edworthy followed with a talk on Woman Suffrage. The Association went on record as in favor of equal suffrage.

THE VISITING NURSES' ASSOCIATION is to have a Ford car due to the kindness of a public-spirited citizen. He will provide the garage and the gasoline for same.

JULIA MURPHY, class 1913, Mercy Hospital, has accepted a position in the hospital at Lydia, Colorado.

Cedar Rapids.—BLANCHE KACHNA, class of 1912, St. Luke's Hospital, is studying at Columbia University, New York.

Oskaloosa.—MRS. ETTA DAVIS will make her home in Nashville, Tennessee, and will take special work at Peabody College.

LETTITIA BRUNIA succeeds Margaret Snodgrass as superintendent of Mercy Hospital Training School.

PEARL EVANS, recent superintendent of the Oskaloosa Hospital Training School, has resigned her position as assistant superintendent at St. Luke's, Chicago, and will rest at her home in Galesburg, Illinois, before taking up fresh work.

Washington.—A NURSES' REGISTRY has been established with Elisabeth Findley in charge.

KANSAS

THE KANSAS STATE ASSOCIATION OF NURSES held its fourth annual meeting in the auditorium of the City Hall, Kansas City, Kansas, October 5 and 6. Many

interesting papers were given by physicians and nurses, including one by Dr. Lydia A. DeVilbiss, chairman of the Kansas section of child hygiene, following which a public health section was formed, Laura A. Neiwaner of Topeka being made chairman. The nurses of the city entertained the members with an automobile ride, reception and luncheon. The invitation to hold the 1916 meeting at Topeka was accepted. The following officers were elected: president, Charline Zeller; vice-president, Sister Catherine Voth; treasurer, Elva McElwain; secretary, Alma J. Murphy.

THE KANSAS STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold its next meeting for examinations at Newton, Kansas, December 28, 29, in the Commercial Club rooms.

MAYME M. CONKLIN, *Secretary-Treasurer*.

KENTUCKY

Louisville.—THE JEWISH HOSPITAL held its graduating exercises, October 7, at the Young Men's Hebrew Association Building, and five nurses received diplomas.

THE JEFFERSON COUNTY GRADUATE NURSES' ASSOCIATION has enlarged its club house and can now accommodate twenty-two nurses. Rose Golden of Michigan, has accepted the position of superintendent of nurses at the City Hospital. Miss Woodruff, graduate of the Jewish Hospital, has been appointed superintendent of the Deaconess' Hospital.

MAINE

Bangor.—THE EASTERN MAINE GENERAL HOSPITAL will receive \$100,000 by the will of the late Col. Luther H. Pierce.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its fall meeting on the evening of November 11, at the Church Home and Infirmary. Minutes and reports were read. The program was a most interesting one. Effie J. Taylor, delegate to the American Nurses' Association, read a most complete report of the meetings and various committees, their work and aims. Her paper gave an excellent idea of the proceedings. Dora E. Thompson, superintendent of the Army Nurses Corps, gave a delightful history of the organization of the Corps. The type of women entering the field is one of the finest and the requirements are high, as the best possible work is expected from them. Refreshments ended a most helpful and enjoyable evening.

Baltimore.—THE LEAGUE OF NURSING EDUCATION held a special meeting on October 27 for the purpose of discussing the question of adding a clause on compulsory registration to the state bill. The discussion and recommendations will be considered at the next meeting.

MARY TYRRE, class of 1912, Hebrew Hospital, has resigned her position as head nurse at that hospital to take up private nursing. Hilda Pfefferkorn, class of 1912, has been appointed to a position at the Isabelle McCoah Infirmary, Princeton, New Jersey.

MASSACHUSETTS

THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, January 11 and 12, 1916, at Boston, Massachusetts. Application for any examination must be filed at least five days before the examination date.

WALTER P. BOWERS, M.D., *Secretary.*

Boston.—THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL NURSES' ALUMNAE held its annual meeting at the Copley-Plaza on November 7, with a large attendance. Miss Hall, of the Peter Bent Brigham Hospital, told of the convention in San Francisco and also read interesting letters from nurses in the war zone. Mrs. Kelly spoke on Equal Suffrage. A pretty luncheon closed a successful meeting.

BEATRICE KENT, correspondent of the *British Journal of Nursing* and Annie Hulme, both of London, delegates to the International Council of Nurses in San Francisco last June, were guests of Miss Parsons at the Massachusetts General Hospital during part of November, while continuing their study of nursing and hospital conditions in Canada and the United States.

THE BOSTON DISPENSARY, on October 14, held its 119th annual meeting. The treasurer reported an increase of \$5000 in subscriptions over the previous year.

MABELLE S. WELSH, class of 1909, Boston City Hospital, has been appointed superintendent of nurses at the Greenfield Hospital, Greenfield. Miss Welsh left her position as night supervisor at the Peter Bent Brigham Hospital last year, to serve as one of the Red Cross staff at Paignton, England, returning to her position in June. Melda F. Macdonald, class of 1912, Boston City Hospital, has been appointed a public health nurse in Lowell.

ANNA COTTAR DAVIS, class of 1914, has been appointed instructor of probationers. Frances E. Morley, class of 1893, has been added to the teaching staff. Charlotte Brown, class of 1897, former instructor of probationers, has accepted the position of superintendent of nurses at the New England Hospital for Women and Children.

THE PHYSICIANS AND NURSES OF THE INFANTS' HOSPITAL have agreed to give a series of lectures on the care of infants to members of mothers' clubs. While the mothers are attending the meetings, the children will be shown moving pictures in adjoining rooms.

DR. STELLA M. TAYLOR, at the fifty-third annual meeting of the directors of the New England Hospital for Women and Children, told of the continued use in the hospital of scopolamine and morphine in inducing "Twilight Sleep." The report showed a large increase in the maternity work.

THE THIRD HARVARD UNIT, which sailed from New York on November 16, comprised 36 nurses, 20 doctors and dentists. Dr. Cheever is in charge. The nurses will receive their uniforms in England. The Boston Nurses' Club prepared for this Unit a large box of surgical supplies. Dr. Wilfred Grenfell will work with this Unit during his vacation.

AN IMPRESSIVE MEMORIAL SERVICE for Edith Cavell was held at the Church of the Advent, on October 30.

An organization called the Surgical Dressings Committee has started work in the Zander Ward of the Peter Bent Brigham Hospital. The office, workroom, storage and packing rooms are all in the ward. Here fifty different surgical dress-

ings are prepared for the small French hospitals. There are over 300 volunteers from Greater Boston who work in groups for several hours each day under the supervision of trained nurses, the work being inspected by the hospital surgeons. After sterilisation, the dressings are packed for transportation in hermetically sealed tins. These are placed in wooden boxes, of a size and shape to be easily handled.

Newton Lower Falls.—MARY M. RIDDLE, superintendent of Newton Hospital, has been granted a leave of absence and will spend the winter in Boston, leaving Miss Allen in charge of the hospital. A trustee of the hospital has given \$50 to provide a box of comforts for the nurses of the Harvard Unit who remained for six months' service at Hospital 22.

Springfield.—HAMFDEN HOSPITAL held graduating exercises for ten nurses, its first class, on October 27, at the Academy of Medicine. The modified Hippocratic Oath was administered by the superintendent of nurses, Miss Pindell. Addresses were given by Dr. Philip Kilroy and by President Crocker, who presented the diplomas. A dinner was given to the class in the evening by Dr. Weiser.

Worcester.—THE COLLEGE WOMEN'S CLUB will, during the winter, make surgical supplies for Red Cross work in Europe, under the direction and supervision of Miss Makim, chairman of the county committee on Red Cross Nursing Service.

Northampton.—GRADUATES OF THE COOLEY-DICKINSON HOSPITAL met on the evening of October 28 to form an alumnae association. Mrs. Judith Roach Williams was chosen president; Helen Murphy, secretary. Mrs. Alice C. Cleland, superintendent of the hospital, has been appointed councilor for Hampshire County by the State Association.

Tewksbury.—THE STATE INFIRMARY TRAINING SCHOOL held commencement exercises in the chapel on September 28 for a class of twenty-six. There were nearly two hundred in the procession as it moved from the nurses' home to the chapel. Addresses were made by Dr. John H. Nichols and John B. Tivnan, chairman of the Board of Trustees. Madeleine L. Hartley gave the address of welcome, Hazel M. Daye delivered the valedictory, Bertha J. Robinson composed the class ode. The diplomas were presented by Mrs. Nellie M. Talbot and the pins by the superintendent of nurses, Laura E. McEachern. A reception and dance followed the exercises. The State Infirmary Alumnae Society attended the exercises and held their annual meeting at 6 p.m., when the following officers were elected: president, Etta Handley; vice-president, Mrs. Annie E. MacDonald; corresponding secretary, Christine Germain; recording secretary, Bessie Baillie; treasurer, Sarah Holdey.

MICHIGAN

Grand Rapids.—ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held its first meeting of the year on October 9, when the installation of officers took place. They are: president, Ida Reber; vice-president, Clara Foye; secretary, May Gerard, 1106 Jefferson Avenue; treasurer, Mrs. Margaret Anaway.

THE BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION members were the guests of Mrs. Van Keulen at her home on November 3, it being the ninth anniversary of the organization. Thirty members answered to the roll call. An interesting talk on Red Cross work in Belgium was given by Florence Fisher, class of 1906, who was for six months serving as a Red Cross nurse. A social hour followed.

DETROIT.—THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL held its first regular meeting since June on October 12, when the Programme Committee presented the following programme for 1915-16: October 12, Report of the delegate to the American Nurses' Association; November 9, Suffrage, Margaret Whittemore; December 14, What the Women's Clubs Are Doing in Detroit; January 11, Annual Meeting; February 8, Address by Frank Cody, Assistant Superintendent of Schools; March 14, Subject selected, Mrs. Ruby Zahn; April 11, European Life, Mrs. McKensie Wood; May 9, Medical Inspection of Schools, Dr. Fred Blanchard; June 13, Annual picnic.

THE WAYNE COUNTY NURSES' ASSOCIATION held an adjourned meeting on October 12, at the City Tuberculosis Hospital where, after the business meeting, Dr. Victor V. C. Vaughan, Jr., gave one of his splendid lectures on tuberculosis, which are always enjoyed. In spite of other conflicting meetings, one hundred nurses were present. They were entertained, at the close of the lecture, by Miss Sullivan and her staff.

THE WAYNE COUNTY NURSES' ASSOCIATION held a special meeting on October 22, in the Wayne County Medical Building, to hear the report of the three national conventions in California from the delegate, Mrs. Gretter, which was given in a most interesting and entertaining manner. Mrs. Gretter brought out in detail the principal points of various papers given and made all present feel that the nursing profession is making wonderful strides for improvement along every possible line, and that those present must individually do their part to help solve some of the questions for progress and idealism. A social hour followed.

THE WAYNE COUNTY NURSES' ASSOCIATION held a regular meeting on November 5. After the regular business was taken care of, which included amendments to the by-laws, Dr. William H. Price of the Board of Health, gave a wonderfully interesting and instructive lecture on applied preventive measures used in Detroit against contagion and infant mortality. He used charts illustrating the actual scope of the field covered by the Board of Health and its corps of nurses, 62 in number, and demonstrated by statistics the steady decrease of all forms of contagion and typhoid; also the decided decrease in infant mortality due to prenatal care and correction of unsanitary conditions made possible by very definite observations, of conditions in and surrounding the homes, by the public health nurse.

THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting in the Swain Home, on October 12. Grace Gillies, delegate to the American Nurses' Association, gave an interesting report. Gertrude Barnes was appointed corresponding secretary, on the resignation of Clara Hense.

PROVIDENCE HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the hospital on October 28. Zoe LaForge, superintendent of the Babies' Milk Fund organisation, gave a very interesting talk on infant welfare after which a delightful luncheon was served. Louise Lyles, president of the Association, has been appointed by the Red Cross Town and Country Nursing Service to organise the rural district work at Monroe, Michigan. Isabelle Napper has accepted a position at the new Henry Ford Hospital. Grace Koons has accepted a position at the new Receiving Hospital. Anna Kaiser, who has held the position of industrial nurse with the Packard Motor Car Company, has resigned. She is succeeded by Edna I. Deverell of Grace Hospital and Catherine Miltner of Providence Hospital.

MINNESOTA

THE GRADUATE NURSES' ASSOCIATION OF MINNESOTA held its annual meeting in the rooms of the Women's Welfare League, St. Paul, on October 12. After routine business and election of officers interesting addresses on equal suffrage were given by Elsie Williams of St. Paul, and Mrs. Mackey, of Washington, D. C. The association voted to indorse the cause of equal suffrage. A dinner was served to the officers of the association, alumnae associations and superintendents of hospitals. At the evening session Dr. A. C. Rogers gave an address on How the State Takes Care of its Feeble-minded, and F. J. Bruno, secretary of the Associated Charities of Minneapolis, told of Opportunities for the Nurse in Social Service work. Both sessions were well attended; the president, Mrs. E. W. Stuhr, and the secretary-treasurer, Louise M. Powell, were reelected.

Minneapolis.—HELEN M. STOVER, on August 1, entered upon her duties as assistant superintendent of nurses at the Minneapolis City Hospital. For the past five years Miss Stover has been a member of the nursing staff of the University of Michigan Hospital, for three years as assistant superintendent.

MISSISSIPPI

THE STATE NURSES' EXAMINING BOARD will hold examinations for the registration of nurses January 3-4, 1916, beginning at 9 a.m. at the State Capitol. For information address

MARY H. TRIGG, *Secretary-Treasurer*,
Greenville, Mississippi.

THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its fifth annual meeting in Jackson, October 29 and 30 and it proved to be the most enthusiastic as well as the best attended the Association has ever had. The first session, which was devoted to business, was begun at two o'clock Friday afternoon. After this meeting the nurses were taken for a tour of the city in automobiles, stops being made at places of interest. In the evening a meeting took place in the auditorium of the Public Library, presided over by Dr. Fox, of the Insane Hospital. Dr. Wall read a very interesting paper on How Infectious Diseases are Propagated; Dr. Womack one on The Nurse and The Infant; and Mrs. J. H. Fox gave a splendid address on The Visiting Nurse. At ten o'clock, Saturday morning, about fifty nurses again assembled in the Senate Chamber of the Capitol where the convention headquarters had been established. During this session the problems of the private duty nurse, and questions pertaining to registration of nurses were the subjects considered. Misses Lott of Hattiesburg, Cox of Natchez, and Mellown of Meridian, read well written papers on these subjects. Misses Kent of Jackson, and Russell of Greenwood, led the discussions.

The final session was held in the Senate Chamber at three o'clock Saturday afternoon, the subjects considered being the improvement of our training schools, and the need of public health nurses. Misses Trigg, Keating, and Steele read papers, and Miss Stamps led the discussion about how to better the schools. A paper out of the ordinary was read by Miss O'Mara of Hattiesburg on Duties and Opportunities of the Nurse in the College Infirmary. This paper and one read in the morning by Miss Cox, telling the nurse how she may help patients who are ill mentally, were very refreshing, and gave material for new lines of thought.

Officers elected were: president, Mary H. Trigg of Greenville; vice-presidents, Misses Steele, James, Russell, Sutton and Keating; secretary, Miss J. P. Cox of Natchez; treasurer, Miss J. L. O'Mara of Hattiesburg. The Association voted to affiliate with the State Federation of Women's Clubs, and delegates and alternates to the meeting to be held in McComb on November 16 were elected. Miss Steele was elected to the 1916 meeting of the American Nurses' Association to be held in New Orleans, with Miss Quinn as alternate. One of the very interesting events of the meeting was the presentation of a gavel for the Association. This gavel is made of wood from the walnut stairway of the Natchez Hospital and is the gift of the Adams County Nurses' Association of Natchez. It was presented fittingly by Miss Cox. The historic old Natchez Hospital was built for a marine hospital seventy-five years ago and is still in use. It was there, on June 7, 1911, that the State Nurses' Association was organized. A committee of five members was appointed at the Jackson meeting whose duty it will be to look after the interests of the AMERICAN JOURNAL OF NURSING in the state. After a sumptuous banquet at the Episcopal Restaurant on the State Fair grounds, the nurses dispersed to return to their several homes feeling well repaid for the time spent at the meeting.

THE BOARD OF EXAMINERS held an important business meeting at the State Capitol on November 1. Miss Quinn was re-elected president of the Board and Miss Trigg secretary-treasurer. Misses Steele and Kent were also present, but Dr. Martin, the other member, could not attend. The Board is trying to prevail on the schools having a course of only two years not to send pupil nurses out on private duty, since the law requires "a two years' course of continuous training." It was decided to have some member of the Board visit every school in the state before the January meeting and talk to both pupils and officers about the requirements of the law.

MISSOURI

THE MISSOURI STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold the sixth examination for examination of nurses in St. Louis, January 18 and 19, 1916; Kansas City, January 20 and 21, 1916. The Board will meet in executive session January 17 in St. Louis and on January 22 in Kansas City.

CHARLOTTE B. FORRESTER, R.N., *Secretary-treasurer.*

THE MISSOURI STATE NURSES' ASSOCIATION held its tenth annual meeting at the American Annex, St. Louis, October 20-23. The meeting was well attended, delegates being present from Kansas City, St. Joseph, Springfield, Columbia, Joplin, Mexico, Kirksville, Hannibal, Moberly, Independence, etc.

The Mayor of St. Louis, Henry W. Kiel, gave a pleasing, enthusiastic address of welcome, which was responded to by Miss Forrester with her usual genial, characteristic humor. In her president's address, Miss Bryant gave a résumé of the work of the Association. Delegates gave interesting reports from the different organizations of the state. Social service, public health, central directories and industrial stations were reported by the nurses in charge. The State Board gave an interesting report of its work for the year. The present state law was discussed, and several amendments suggested. Mary C. Wheeler of Chicago gave good, helpful advice along this line. At the Private Duty Session, an interesting paper was delivered by Dr. M. T. Woodruff on Infectious Nursing in the Home, discussion on this paper was opened by Pearl Wilson. Other papers were Ethics and Adaptability, Emilia Schmidt, discussed by E. T. Galla-

gher; The Private Duty Nurse in the Home, E. A. Doran; Twelve Hour Duty in the Hospital, G. D. Lieurance. The discussion on these papers was long and spirited.

The Superintendents' Session in the evening, brought out many helpful suggestions, especially to the nurse engaged in teaching. The papers were: The Essentials of a School of Nursing, Mary C. Wheeler; The Curriculum and Methods of Teaching in Nurse Training Schools, H. Lillian Bridge, discussed by M. Anna Gillis; How Make Possible the Employment of a Resident Dietitian in the Hospital, Mary I. Bustard; How Interest the Nurse in Nurses' Organizations, Agnes Rutherford. The discussion on all these papers was quick, decisive and shot straight from the shoulder to weak points in our teaching.

The Public Health Session, the first held in Missouri, kept up the interest along that line. The papers were: Baby Welfare, Dr. Gustave Lippmann; Prophylaxis in the Care of Infants, Dora Burkhart; Infant Feeding, Mary Kapprell; The Rural Nurse, How She is Using Her Opportunities for Community Service, Fannie F. Clement; The Relation of the Public Health Nurse to the Public Health Campaign, Emma Habenicht. The discussion of these papers was none the less spirited than in the session preceding and resulted in the formation of a Public Health Section of the State Association. The State Association carries three sections now, Superintendents, Private Duty and Public Health.

The Red Cross Section, as always, called out a large audience, perhaps the largest of the convention, Miss Seelye presiding. Reports from the State Committee, as well as the several Local Committees of the state, were followed by greetings from our War-Service Nurses. Addresses were: The Organisation and Purpose of a Local Red Cross Chapter, C. M. Hubbard; Red Cross Town and Country Nursing, Fannie F. Clement; The Red Cross Nurse and Her Relation to National Red Cross Societies, Julia C. Stimson. Dr. Frederick Haigler, Red Cross surgeon, recently returned from service in Serbia, gave a most interesting lecture of his experience there, illustrating it with pictures which he had taken.

The general closing session was held on Friday night, when announcements for the coming year were made, delegates appointed and the new officers introduced: president, Sallie J. Bryant; vice presidents, Mary Lee Baird, Anna Barr; secretary, E. A. Doran; treasurer, Janette Flanagan.

The "Get Together Dinner" on the first evening of the convention, given by the Graduate Nurses' Association of St. Louis to the visiting nurses, was a great success. It took the form of a Hallowe'en party. 117 covers were laid. At the close of the dinner all were asked to forget whether they were superintendents, public health nurses, private duty nurses, etc., and to enter into the spirit of the evening and have a good time.

The State and Red Cross Committees had a luncheon conference on October 21, Miss Seelye, State Chairman, presiding.

THE ST. LOUIS LEAGUE OF NURSING EDUCATION entertained the visiting superintendents at a dinner in the American Hotel, on Thursday evening just preceding the Superintendent's Session.

The next State meeting, October, 1916, will be held in Kansas City.

St. Louis.—THE ST. LOUIS LEAGUE OF NURSING EDUCATION held its annual meeting at the Jewish Hospital on October 28, Miss Gillis in the chair. The following officers were elected: president, M. A. Gillis; vice president, E. L. Warr; secretary-treasurer, Margaret Rogers; Chairman Membership Committee, H. L. Bridge; Visiting Committee, Mrs. Sada Housman.

THE ST. LOUIS GRADUATE NURSES' ASSOCIATION held its annual meeting in Schuyler Hall on October 18, when the following officers were elected: president, Lulu G. Bender; vice-presidents, Elsie Ruffer, Maria Brockman; recording secretary, Mrs. A. Spence Nagel; treasurer, Mary E. Stebbins; corresponding secretary, Janette C. Bond; auditor M. A. Gillis; Executive Board, Anna Love, Margaret McKinley; Directory Board, Margaret Rogers, E. L. Warr. The association has increased in membership 100 per cent the past year; meetings are held the third Monday of the month. Beginning with the meeting on November 15, at 8 o'clock, the meetings will alternate, every second one being held at 3 o'clock in the afternoon. Meetings will be of special interest and attraction this winter. They will take the form of socials, lectures, scientific and secular, discussions on nursing activities, etc.

ANNE MCCOLLOCH and Esther Cousley have returned home after a six months' service in Pau, France, under the Red Cross Nursing Service.

KANSAS CITY.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular meeting on November 3 at the Club House. Twenty-five nurses from the city had attended the state meeting at St. Louis and several of these gave interesting reports. After adjournment, refreshments were served by the Superintendents' Association.

MONTANA

Lewistown.—RUE H. BAXTER, of Galesburg, Illinois, has taken the position of supervisor of school nurses.

NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF NURSES held its annual meeting in Omaha, October 19 and 20, the sessions being well attended. In the absence of the president, Miss Louer, whose father had died but a few days before, Miss Ryley, vice-president, presided. The address of welcome was given by Mrs. N. H. Nelson of the Omaha Women's Club and Miss Louer's response was read by the secretary *pro tem*, Miss Dean. The business meeting followed, reports of the various committees being read. The following officers were elected: president, Amy Allison, superintendent of the Methodist Hospital, Omaha; vice-president, Mrs. Jennie Gillespie, assistant at the same hospital; secretary, Myrtle Dean, superintendent South Omaha Hospital; treasurer, Mrs. Beattie Ryan; director for two years, Jennie Higgins, Green Gables Sanitarium, Lincoln; director for one year, Gertrude Keating, Cottage Hospital, Nebraska City. Luncheon was then served at the Commercial Club.

At the afternoon session, Dr. T. D. Boler spoke on The Nurse in Contagious Diseases, appealing strongly to the nurses to aid the boards of health in the control of contagion. He also plead with the nurses not to register against contagious cases as so many do. Dr. D. T. Quigley followed with a very interesting talk on Uses of Radium. The report of the delegate to the National Convention Mary Swan, was read by Gertrude Smith, Miss Swan not being able to be present. Gertrude Keating then gave an excellent paper on the recently-amended law and the afternoon session closed. In the evening there was to have been a demonstration in practical nursing at the Methodist Hospital, but it was voted that the members go instead, *en masse*, to the tabernacle to hear the Rev. William Sunday. The demonstration at the hospital was given on Wednesday morning, instead of the automobile ride as previously planned. At eleven, the nurses viewed the new Central Club. At 11.30, there was a meeting of the nurses.

ing supervisors, when there was a discussion as to how best to reach the right kind of young woman who may desire to take training. One of the talkers spoke of a rather happy discovery which she and a sister nurse had made, that of passing on their copies of the JOURNAL each month to the reading rooms of the Young Woman's Christian Association and the Public Library. This thought led to the suggestion that the Association expend a sum for subscriptions to the JOURNAL, these to be sent to the libraries in the larger towns out in the state. Accordingly, at the afternoon session, it was voted to take from the treasury \$20 to use for that purpose. At the afternoon and closing session, Hon. Judge Kennedy, of the Board of Control, spoke on What Nebraska is Doing for her Dependents. Dr. C. W. Pollard gave an interesting talk on Twilight Sleep, and the meetings closed with a paper on The Nurse in the Small Town, by Grace V. Bradley.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its eighth semi-annual meeting on November 2, in Hackensack, at the invitation of the Hackensack Hospital Alumnae Association. The address of welcome was given by the Mayor, Hon. Milton Demarest, and the response by Elisabeth Higbid. The treasurer's report showed a substantial balance; the report of the Membership Committee showed an increase of 18 individuals and 1 association, all of whose applications were accepted. The report of the State Board of Examiners, by Marietta B. Squire, stated that at the examination held in Trenton in June, there were 35 applicants, 18 of whom passed successfully. 17 failed in one or more subjects; 23 applied for examination in subjects in which they had previously failed, 13 of whom passed, while 9 failed again. Miss Squire announced that examinations would be held on November 9 at Camden and Newark, thus making it easier for candidates at either end of the state. There had been one hundred new applications and 26 for re-examination. Copies of the law as amended by the Legislature in April have been sent to all the superintendents of training schools in the state. Miss Creech, in her president's address, urged closer coöperation, whatever may be the discouragements. Reports were given by the delegates to the American Nurses' Association, Marietta B. Squire, and to the State Federation of Women's Clubs, Beatrice Druge. It was decided to contribute a sum of money toward the building of the proposed college for women in New Brunswick. Bertha J. Gardner, a former president of the Association, gave a talk on journalism which was enlightening and interesting. A short address was given by Dr. J. E. Pratt of Hackensack. Interesting papers and talks on public health matters were given by Mrs. A. S. Humphries of the Social Service Department of Bellevue Hospital, Phoebe Hill of Paterson General Hospital and Lillian Hobart of Orange Memorial Hospital. Some important business was transacted. The next meeting will be held in Passaic in April, 1916.

THE NEW JERSEY STATE ORGANIZATION OF PUBLIC HEALTH NURSES was formed at a meeting held in the Chapel of the First Presbyterian Church, October 23. A tentative constitution and by-laws was framed and Frances A. Dennis elected president; vice-president, Mrs. Charlotte M. Heilman of Bound Brook; secretary, Helen E. Forbes, 27 South Street, Morristown; treasurer, Mary McIlroy of Newark. A further meeting will be held in January to adopt a permanent working basis and consolidate the organization. Applicants for membership found eligible may become charter members by the payment of an initiation fee of \$1, prior to the date of the first annual meeting.

THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES, pursuant to the amendments to the law governing registration, passed April 14, 1915, held examinations in Camden and Newark simultaneously on November 9, 1915. 62 new candidates presented themselves for examination on this day, and 25 were re-examined in subjects in which they had failed to obtain a passing mark. There was a very general expression of satisfaction among candidates as to the economy and convenience of this new arrangement.

Orange.—**THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES**, held its annual meeting, October 27, at the residence of Miss A. Knapp, East Orange. A report from the Needlework Committee showed that 180 garments for children had been made during the year in addition to contributions received of money and material. These garments are to be divided among the charitable organizations of the Oranges. Margaret Milholland and Anna Bryant were elected as delegates to the semi-annual meeting of the New Jersey State Nurses' Association at Hackensack. Elsie Schmidt, recently connected with the Harvard Medical School at Shanghai, China, and who has returned for the purpose of taking a special course at Teachers' College, was reported ill at the Orange Memorial Hospital. Three new applications for membership were accepted and one resignation, that of Elisabeth Rankine, who has gone to Scotland. The following officers were elected: president, A. C. McGrath; vice-presidents, Martha Moore, Edith Fowler; secretary, Beatrice M. Druge; treasurer, Antonie Knapp.

Newark.—**THE ALUMNAE ASSOCIATION OF THE HOMOEOPATHIC HOSPITAL OF ESSEX COUNTY** at its annual meeting in June, elected the following officers: president, Emilie Wilms; vice-president, Lenore Lutts; treasurer, Carrie L. R. Harrison; corresponding secretary, Louise Hawkins; recording secretary, Bertha C. Stinton. It was decided that the association would furnish a room in the nurses' home for a recreation room.

THE HOMOEOPATHIC HOSPITAL held commencement exercises at the Masonic Temple on the evening of October 22 for a class of eleven young women. Dr. G. Herbert Richards presented the diplomas. A reception and dance followed the exercises. On October 27th the graduating class and supervising nurses were entertained by the Alumnae Association at a luncheon at Sairs Banquet Hall.

Hackensack.—**THE ALUMNAE ASSOCIATION OF THE HACKENSACK HOSPITAL** held its regular meeting at the hospital on November 1, Irene Brewster presiding. Twenty-one members were present and five names were proposed for membership. Bertha J. Gardner of Rochester, N. Y., gave an interesting talk in which she advised the nurses to keep up to the times by reading the *JOURNAL*. Tea was served after the meeting.

Montclair.—**THE MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting at the Nurses' Club on October 19. Plans were reported for furnishing the nurses' room in the new building of the hospital. It was reported that Mrs. Leon Sewny, of Turkey, formerly Lillian Cole, class of 1894, had lost her husband from typhus and is now a refugee. Being an American, she was given a chance to escape, but would not desert her husband. Her whereabouts now are not known. The following officers were elected: president, Ida Stitt; vice-presidents, Mae Willer, Alice Guthrie; recording secretary, Ann Spiecher; corresponding secretary, Josephine Trippett; treasurer, Mrs. Margaret Wilson. Chairmen Committees, entertainment, Mary Cox; auditing, Mrs. Ernest Schofield; nominating, Hazel Pell; printing, Lillian Rice; visiting, Eugenia Weiss; alumnae room, Mae Wilson.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION held its fourteenth annual convention in the ball room of the Hotel McAlpin, October 20-21. In the absence of the Mayor, the address of welcome was delivered by Deputy Commissioner Wright. Mrs. John Francis Yawger on behalf of the women of New York, also welcomed the delegates. The chairman of the Committee on Credentials, presented the names of ten organizations and twelve individuals which were voted into membership.

The remainder of the Wednesday morning session was devoted to reports from special and standing committees and delegates.

At the afternoon session on Wednesday, the report of the Committee on Legislation was presented; also a very interesting address by Dr. Josephine Baker and a splendid paper by Miss Cadmus on Nursing Ethics.

The evening session on Wednesday was held in the Metropolitan Building and was extremely well attended. Lillian D. Wald, Dr. Katherine Davis and Jane A. Delano all delivered splendid addresses; but the most interesting feature of the session was the recital of individual experiences in the various countries at war by Red Cross nurses.

On Thursday morning the report of the Committee on Public Health was presented. The members also had the pleasure of listening to a paper by Josephine Durkee, one on the Private Duty Nurse by Elisabeth Greig, an address on Etopic Gestation by Dr. Lillian K. Farrar and a splendid address on The Control of Cancer by Dr. Edwin Reynolds. Another interesting paper presented at this session was The Burke Foundation, its Object and Aim, by Margaret Sauter.

During the interval between morning and afternoon sessions, the New York County Registered Nurses' Association, entertained the officers of the State Association and the out-of-town delegates at luncheon in the Winter Garden of the Hotel. The luncheon was a most delightful affair and was thoroughly enjoyed by about 235 members and guests.

The principal address of the Thursday afternoon session was delivered by Dr. Smith Ely Jelliffe, Adjunct Professor of Nervous and Mental Diseases at the New York Post Graduate Medical School and Hospital. At this session the Association adopted the following resolution: "That the Executive Committee in coöperation with the Legislative Committee be empowered to present to the Legislature of 1916, a bill to standardize the word 'nurse' and place all schools of nursing under the control of the regents of the University of the State of New York, unless subsequent events after this meeting is adjourned should indicate that it would be unwise to introduce a bill this year." The Association also voted unanimously to accept the invitation of the nurses of Buffalo to hold the convention of 1916 in that city. The report of the tellers showed the following officers elected: president, Mrs. Hugh Reid Jack, Bronx; vice president, Mrs. C. G. Stevenson, Brooklyn; treasurer, Louise Sherwood, Homeopathic Hospital, Syracuse; secretary, Beatrice M. Bamber, Harlem Hospital, New York; trustee for three years, Lina Lightbourne, Belleville, Jefferson County; members of Executive Committee for one year: Miss Littlefield, Homeopathic Hospital, Albany, Miss Goodrich, Teachers College, New York, Miss E. E. Golding, New York; candidates for the Board of Nurse Examiners, Mrs. Van Kirk Gillette, Pelham Manor, Grace Cameron, Canandaigua. After the new officers had been introduced the convention adjourned.

REPORT OF THE SECRETARY OF THE BOARD OF NURSE EXAMINERS

The Board of Nurse Examiners presents to you today a tale of outgrown clothing. At its inception the board was appareled in garments that seemed adequate and appropriate, but the years of its first halting steps are now passed, it has reached full stature with all of the attendant expansion and development, but it is still working with many of the garments and equipment of those early years. At the first examination the board gauged the eligibility of twenty-three women. Last June the same number of examiners did the same service for six hundred and sixty applicants. The importance of state registration is now widely felt and the responsibility upon the examiners has greatly increased. In spite of this, the board is numerically the same as before, the office of the secretary has not been expanded to meet the increased demands and the compensation to the examiners has been reduced.

In my report two years ago I called attention to the increasing amount of work. Last year the secretary's report further amplified that fact, and an appeal for an enlargement was made. This request has had no decisive answer although the work continues to grow in volume.

The statistical report for last year is as follows:

EXAMINATION	NUMBER APPLIED	NUMBER REGISTERED	PER CENT OF FAILURES	WAIVER
January 1915.....	626	594	4.6	
June 1915.....	660	605	8.1	
	1286	1199		93

If it seems wise to abandon any immediate plan for enlarging the board, the next resource for help may be to increase the compensation of the examiners. When the board was first formed there was no consideration of financial compensation. Miss Palmer, Miss Damer, Miss MacDonald, Mr. Sanford and the present secretary saw in it simply a service to the profession, I think no one of us at that time even knew that there would be any remuneration. The later appointees to the board have taken up its service in the same spirit. The examiners' fee was fixed by the University and corresponded to that paid to other professional examining boards. This was at the rate of \$10 per day for actual service rendered. The work at that time was thrillingly interesting. The number of nurses examined was small, but the work spread itself over such subjects as the standards of schools, inspections, curricula, forms of application, certification, etc. Little by little these broader and more interesting aspects of the question have been taken away and have been vested in the Advisory Council and the Inspector. The responsibility of the examiners is now confined to the accepting or rejecting of candidates, rating papers and signing certificates. The joy of constructive work has gone and in its place has been imposed the drudgery of signing hundreds of certificates and of rating thousands of answer papers. At a meeting of the board in October, 1909, Dr. Downing reported that the accounts of the nursing division showed that the expenses exceeded the receipts and that it would be necessary to reduce the fees of the examiners one-half, making them at the rate of \$5 instead of \$10 per day as heretofore. Other minor changes in the manner of count-

ing time further tended to reduce the account sheets of the examiners. This curtailment was accepted by the members of the board without comment and its ruling holds to this day. Now comes the difficulty. The work is heavy and, during the two periods of examination, is exacting. The average amount received by a single member of the board has been estimated as \$150 per annum. This represents half-hours snatched from the night or from "off duty" time and, if taken in consecutive days, would amount to one full month. Under these conditions it is difficult to keep the personnel of the group intact. This semi-volunteer work is too heavy to be carried by women who are already weighted with grave responsibilities and the remuneration is too small to make it appreciable in the yearly budget of one who might otherwise add it to a less arduous task. It is imperative that the results of the examinations should be determined as soon as possible, in order that the nurses may not be kept in suspense too long but, with examiners who are already deeply engrossed, it is impossible to submit the first report under a month or six weeks. And this is not the most serious feature of the question. By far a graver aspect of the case is that the best of the brains of the examiners must be given to their regular daily occupation. The rating of the answer papers is usually tucked away into the late hours when keenness and judgment are, for most of us, at their lowest ebb, and when the maximum of nervous force is required to bring them into play. Today we have to supply the place of Miss Cadmus, the president of the board, who refuses renomination because of the weight of work involved. Miss Arnold of the Samaritan Hospital, Troy, has twice sent in her resignation and it is only by the combined efforts of all interested that we have overcome her prejudice to assuming duties that she fears she will not be able to undertake with her best energies. Since the beginning of the work of the board, office space and telephone service has been given through the courtesy of the Henry Street Settlement. This, by reason of growth and change in that institution, is no longer available and, much to the settlement's regret, the secretary has been obliged to withdraw from the shelter of its roof, and she and her typewriter must find hospitality elsewhere. The matter has been taken up with Dr. Downing and it is hoped that in the near future the secretary will be located in her own office with her desk, typewriter, files and telephone. Until some such arrangement has been made, information concerning the secretary may always be had by telephoning to the Henry Street Settlement. At the expense of repetition permit me to express the foregoing concisely by saying that the solution for the present difficulties of the board would seem to be as follows: 1. An enlargement of the board by at least one member; 2. Adequate office provision in New York City where the weight of work is greatest; 3. More compensation to the examiners, that the service of the board may be removed from the class of the semi-volunteer and may be placed once more on a dignified basis proportionate to other examining boards.

JANE ELIZABETH HITCHCOCK,
Secretary New York State Board of Nurses Examiners.

THE NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was formed during the annual meeting of the New York State Nurses' Association, late in October, and marks an important advance in the already far-reaching work done by public health nurses in the state. This organization was formed as the result of a long felt need and a wide spread request from public health nurses throughout the state, that they be brought into closer contact with each

other's work. The importance of this step is evidenced by the avowed purpose of those who have come together in this new body to stimulate the extension throughout New York State of the widely-varying services which nurses may offer to the public both in sickness and health; to standardise as rapidly as is expedient the various branches of public health nursing; to assist in the development of instruction in public health matters to nurses in training; to seek to extend the provisions for skilled nursing of the sick poor in their home; to increase and broaden the teaching of hygiene and sanitation by nurses; to assist in the enforcement of all public health laws and rulings; to have at its annual meetings round table discussions on visiting nursing, infant welfare, tuberculosis, mental hygiene, prevention of blindness, welfare nursing, school nursing, etc., in order that there may be a helpful interchange of ideas and suggestions on these subjects; and also that the members may be kept informed concerning the progress and development of methods of work in all phases of public health nursing. The officers elected for the first year were: president, Carolyn C. Van Blarcom, New York City; vice-president, Mary V. Crich, Peekskill; recording secretary, Rose O'Hare, Buffalo; corresponding secretary, Elinor Bridgeland, New York City; treasurer, C. Josephine Durkee, Albany, while chairmen of committees on each of the branches of work above mentioned will soon be appointed. The organization will follow the course adopted by similar bodies in other states and will form a part of the National Organisation for Public Health Nursing and also will be affiliated with the New York State Nurses' Association. All individual nurses and groups of nurses engaged in various kinds of public welfare work are urged to join the organization and assist in promoting its ideals.

New York.—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its regular meeting at St. Luke's Hospital on the evening of November 3, Miss Greener presided. Miss Murdoch, chairman of a special committee, reported that arrangements had been completed for the supper to be tendered Miss Nutting at the Cosmopolitan Club on November 17. Dr. Blumgarten spoke on The Teaching of Materia Medica and outlined the course as given at the German Hospital. Lunette Parker of Teachers College read a paper on The Need of Teaching Chemistry in Training Schools. A discussion followed, after which the meeting adjourned.

THE NEW YORK CITY HOSPITAL SCHOOL OF NURSING held commencement exercises on October 28, at 4 p.m. Carolyn E. Gray, the principal, presented the annual report and Deputy Commissioner Henry C. Wright, Miss Goodrich and Monsigneur LaVelle addressed the graduating class. All emphasized the educational needs in the profession. Twenty-three nurses received diplomas. A reception and dance followed.

Brooklyn.—A meeting of the graduate nurses of the Kings County Hospital was held at the nurses' home on November 5, when a social club was formed to promote a greater feeling of friendship and sociability among the nurses. It will be called The Tuesday Evening Club and meetings will be held on the first and third Tuesday of each month.

Utica.—ST. LUKE'S HOSPITAL held its graduating exercises at the hospital, October 18 and diplomas were awarded to nine nurses. An interesting feature of the occasion was the address by the new bishop of the diocese, Rt. Rev. Charles Fiske. Dr. Willis E. Ford presided and also made an address. The exercises were followed by a reception. The Alumnae Association held its annual meeting October 7, when the report of the delegate to the convention of the American

Nurses' Association was read. The Alumnae entertained the graduating class in the lecture room of the hospital, on October 14. Mrs. Dayton, who has been engaged in tuberculosis work in Albany, has accepted the position of superintendent at the hospital.

Schenectady.—THE SCHENECTADY COUNTY NURSES ASSOCIATION held its regular meeting on the evening of November 5 in the parlors of the Edson Hotel. Mrs. Estcourt presided in the absence of Miss Atkin, who was ill. Miss Atkin's excellent and complete report of the meeting of the State Association was read by Miss O'Brien. Central directory problems were discussed. A social hour followed.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION gave a dinner at the Rochester Club on the evening of November 10, in honor of the returned Red Cross nurses. Nurses from other organizations were invited and there was a large gathering to hear Miss Weber and Miss Thomas tell of their experiences. Mrs. Parsons had left for the south. The other two members of the Red Cross group are still on service in England.

NORTH DAKOTA

THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS held its second meeting on October 20, at the City Hall, Grand Forks. All members were present, and 122 applications for state registration were received.

THE EXECUTIVE COMMITTEE OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its semiannual meeting at Grand Forks, on October 20th. Eight members of the board were present and 44 applications for membership were accepted.

THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS held a joint meeting with the Educational Committee of the State Nurses' Association on October 19, to which all superintendents of training schools were invited and a large number were present. Text-books were chosen, and the course of study outlined which is to be used in all training schools in the state.

Jamestown.—AIDA LANGLEY has been appointed superintendent of Parkview Hospital.

Fargo.—ST. LUKE'S HOSPITAL graduated a class of six nurses on September 9.

Bismarck.—EMMA SCHROEDER has taken charge of the obstetrical department at the Bismarck Hospital.

Grand Forks.—THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting at the Y. W. C. A. rooms, on October 12, and elected the following officers: president, Jennie Mahoney; vice-president, Lelia Halvorson; secretary, Mathilda Huff; treasurer, Agnes Patterson; chairman of credential committee, Minnie Traynor; ways and means, Mary Roller; entertainment, Margaret Matter.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual meeting at the Chamber of Commerce, Columbus, October 19 and 20, 1915. The convention was called to order at 10 a.m., president Marie A. Lawson, in the chair. The invocation was given by Rt. Rev. Theodore Reese, Bishop Coadjutor. In the absence of the Governor, George Gillette, secretary of the Chamber of Commerce, gave the address of welcome, which was responded to by Mary Roberts of

Cincinnati on behalf of the Ohio State Association; by Harriet P. Friend, of Dayton, on behalf of the League of Nursing Education; and by Miss Tuttle, of Columbus, on behalf of the League of Public Health Nursing. Miss Lawson made a brief address, giving a résumé of the work of the Legislative Committee during the past year, in obtaining the Nurse Registration Act. The secretary read the minutes of the last annual meeting and after their adoption, the treasurer's report was accepted, showing a substantial balance, in spite of the many expenditures made necessary by the registration campaign and the president's trip to the national convention. Miss Lawson then gave a very comprehensive and interesting report of the San Francisco meeting and in closing asked that the association ratify her pledge to the Relief Fund of \$25, which was immediately done. The report of a committee appointed for the revision of the regulations and by-laws was accepted and the suggested changes adopted. The membership committee's report given by the chairman, Florence Walker, of Cleveland, recommended 377 new members, the secretary casting the vote for their election. Miss Jamieson of Columbus, gave the report of the Legislative Committee, the condensation of which is: State Registration.

The second session was devoted to the League of Nursing Education, with Harriet P. Friend in the chair. After the usual business routine, Grace E. Allison of Cleveland read a paper entitled—Scholarships for Schools of Nursing—followed by a paper by Norma A. Sauer of Cincinnati on *Materia Medica in Schools of Nursing*. This paper was so popular that Miss Sauer was invited to re-read it at a subsequent session of the State Association. These two papers were followed by a general discussion. Then followed reports of the Programme and Publication Committees. Miss Tuttle, in giving a report of the Red Cross Committee, called on representatives from the various cities represented at the convention, Miss Roberts reporting the work from Cincinnati, speaking of the death of Miss Hoff, who had served in Serbia, dying a week after her return. Miss Walker of Cleveland reported the death of Miss Munro, who died on the Island of Lamos in the Mediterranean. In the absence of Miss Mapes, Miss Morrison gave a short report for Toledo, and Ansa Johnson reported the work of the Columbus nurses. Miss Condit, who was with Miss Gladwin in Serbia, gave a very graphic account of conditions there and made all her hearers wish they had been with those brave nurses who battled with the dread typhus for so many weeks.

The evening session was held in the Chamber of Commerce and was a general session of the Ohio State Association, the subject of the deliberations being State Registration. Mary M. Riddle, of Newton Lower Falls, Mass., gave a history of state registration in that state, where the various troubles incident to its adoption in other states, obtain. Miss Riddle's advice, coming as it did, from one of the leading pioneers in the nursing world, was very much appreciated. Dr. George Matson, secretary of the State Nurses' Examining Committee, gave a clear interpretation of the law. After some discussion the meeting adjourned.

The fourth session, October 20, 9 a.m., was in charge of the Public Health League, Jennie Tuttle of Columbus in the chair. Mrs. Anna Runer read a paper on *The Richard Enderlin Welfare Work of the Associated Charities, Chillicothe, Ohio*, showing what money, plus one enthusiastic nurse can accomplish, in a very short time. Miss Lorrimer read a paper written by Elisabeth Cooke of Cincinnati on *Experiences in Welfare Work*. Both of these papers were much enjoyed. Then followed a paper on *Welfare Work Done in Connection with the District T. B. Hospital*, by Maude Barnard, Eaton, Ohio. This Public Health session was

one of the best and most interesting of all the meetings held. Following its adjournment the members of the association were entertained by the City Association at luncheon in the dining room of the Virginia Hotel.

The closing session was a general one of the Ohio State Association. After some unfinished business, the report of the tellers was presented, showing that the following officers had been elected for the ensuing year: president, Mary Roberts, Cincinnati; vice-presidents, Grace E. Allison, Cleveland, Jennie Tuttle, Columbus, Rose Steinmets, Akron, Merry C. Echols, Massillon, Mary Hamer Greenwood, Cincinnati; recording secretary, Mabel Morrison, Toledo; corresponding secretary, Laura R. Logan, Cincinnati; treasurer, Miss Jamieson, Columbus.

The officers of the Public Health League are: president, Florence Walker, Cleveland; vice-presidents, Miss Stewart, Miss Black; secretary-treasurer, Miss Gadd, Springfield.

The officers of the League of Nursing Education are: president, Harriet P. Friend, Dayton; vice-presidents, Merry C. Echols, Massillon, O., Miss Hemmingway, Canton; secretary-treasurer, Miss Williamson, Cleveland.

By request, Miss Sauer read again her paper on *Materia Medica* in the Schools of Nursing, after which she was tendered a rising vote of thanks. At Miss Lawson's request a recommendation was made to the State Examining Board, asking that trustees of hospitals be asked to provide proper housing facilities for nurses. Resolutions were passed on the death of two Red Cross nurses who had given their lives for the suffering victims of the great war; Frances Munroe, of Huron Road Hospital, Cleveland, and Jennie D. Hoff, of Marietta. Copies were sent to their families. A telegram was sent to Hulda Cron of Toledo, asking her to represent the Association at the meetings of the Federation of Clubs in session in that city. An invitation from Cincinnati Graduate Nurse Association to hold the next meeting in Cincinnati was accepted. An invitation from Youngstown was also received, and Miss Mapes of Toledo asked that the 1917 meeting be held in Toledo. Miss Condit was elected delegate to the Red Cross meeting to be held in Washington in December. Miss Gaiser of Cleveland, was elected alternate delegate to the National organization. Miss Lawson introduced the new president, and the retiring officers were tendered a rising vote of thanks. Adjournment to meet in Cincinnati, 1916, the time of the annual meeting having been changed to correspond with the date of the State Examining Board.

Cleveland.—THE CLEVELAND LEAGUE OF NURSING EDUCATION has recently been organized with a membership of thirteen.

GRACE E. ALLISON succeeds Miss Samuel as superintendent of nurses at Lakeside Hospital.

ST. VINCENT'S CHARITY HOSPITAL ALUMNAE ASSOCIATION gave a most delightful reception and banquet on the evening of October 5 for the Red Cross nurses who had returned from European service. Sixty nurses were present, including the graduating class of Charity Hospital and the guests of honor, Misses McGuire, Bentley, Katherine and Rosina Volk, McKenney, Bowman, Reynolds, Eisenheim, Schofield, Mautner. Cordial addresses were made by Sister Marcelline, Margaret McGuire, Grace Bentley, Rachel Morgan and Margaret Doyle.

OKLAHOMA

THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES, at its recent convention held in Shawnee, elected the following officers: president, Rose Walker, El Reno; secretary, Mrs. F. D. Bearly, 711 West 20th Street, Oklahoma City; treasurer, Maud Parker, 27 West Eighth Street, Oklahoma City.

PENNSYLVANIA

Philadelphia.—THE NURSES' ALUMNAE ASSOCIATION OF THE PHILADELPHIA HOSPITAL held a meeting on November 1 at the nurses' home, with an attendance of fifty-two, Alice O'Halloran presiding. Addresses on Suffrage were given by Lida Stokes Adams, Anne K. Sutton and Celia Kennedy. Miss Eager read extracts from a letter written by Leopoldine Guinther, who is at Teachers College, having been awarded the Alice Fisher scholarship, consequently the members are greatly interested in her work and progress. Alice O'Halloran, who has just returned from San Francisco, where for six months she had supervised the work of the Pennsylvania State tuberculosis exhibit, read a most interesting paper. Tea was served at the end of the meeting.

Pittsburgh.—THE ALLEGHENY GENERAL HOSPITAL ALUMNAE ASSOCIATION held its first reunion banquet on October 12. 130 nurses were present and it was decided to make this an annual affair.

New Kensington.—THE NEW CITIZENS HOSPITAL was opened and dedicated on October 16, beginning with an auto parade in which 200 cars participated. After this the building was thrown open for inspection. It is an up-to-date building of tapestry brick with accommodations for 60 patients. Irene N. Murdoch is superintendent and Helen D. Elder is superintendent of nurses.

South Bethlehem.—ST. LUKE'S ALUMNAE ASSOCIATION held its annual meeting at the hospital on October 18, when the following officers were elected: president, Ida C. Flickinger; vice-president, Mary Kiernan; secretary and treasurer, Helen McDaniels; corresponding secretary, Beattie M. Ely. At the graduation exercises of the training school, held on the same day, eight nurses received diplomas.

White Haven.—THE WHITE HAVEN SANATORIUM held commencement exercises in the auditorium on the afternoon of October 9. Dr. W. G. Turnbull, medical director of the state sanatorium at Cresson, was the principal speaker. Dr. Lawrence F. Flick presented the diplomas to the eight graduates. An informal reception followed in the nurses' home.

THE ALUMNAE ASSOCIATION OF THE WHITE HAVEN SANATORIUM held its fourth annual meeting at the sanatorium on October 9. In the absence of the president and secretary, Anna L. Morris and Miss L. deF. Baker, acted in their stead. Several amendments were made to the by-laws and the eight new graduates were admitted to membership. It was decided, instead of holding the usual banquet, to give each new graduate a year's subscription to the AMERICAN JOURNAL OF NURSING. The following officers were elected: president, M. Camilla Hayes, class of 1915; secretary and treasurer, Mrs. Mary Ehrenstein, class of 1913.

RHODE ISLAND

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES met at the Rhode Island Hospital, on October 19, at 8 p.m. Mrs. Dexter Townsend entertained with songs and recitations.

Providence.—THE RHODE ISLAND HOSPITAL NURSES' CLUB held a meeting at the George Ide Chace Home for Nurses, November 2. Winifred L. Fitzpatrick gave a report of the convention at San Francisco, which she attended as delegate from the Providence District Nurses' Association.

THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION and the resident nurses at the Rhode Island Hospital held a reception for Mrs. C. L. Harris, a resident of the Rhode Island Hospital for twenty-two years and for fifteen years an honorary member of the Alumnae Association, at the Home, November 6. Mrs. Harris' engagement to Mr. G. W. H. Ritchie of New York was announced a short time ago. Mrs. Harris was presented with a silver vase by the Alumnae and a travelling case by the nurses in the hospital. Following the presentation there was singing by the pupil nurses and dancing. A large number was present.

THE PROVIDENCE BRANCH GUILD OF ST. BARNABAS FOR NURSES met at St. Stephen's Church, November 4. Dr. Fiske, the Chaplain, said office and made an address appropriate to the season, All Saints'. Dr. Fiske spoke of the sad death of Miss Cavell and her heroic facing of death. The report of the Council of the Guild held at Meadville, Pennsylvania, October 28 and 29 was given by the secretary. One new member was received.

TENNESSEE

THE NEW OFFICERS OF THE EXAMINING BOARD are: president, Dr. J. D. Brewer, Newbern; secretary, Nell J. Dougherty, Nashville.

THE TENNESSEE STATE NURSES' ASSOCIATION held its third annual convention at Knoxville, September 16-17. The same officers were reelected. The next convention will be held at Memphis. Dr. Reese Patterson, a member of the new board of examiners, was invited to address the Association.

WISCONSIN

THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for applicants for registration, January 10 and 11, at the Park Hotel, Madison, Wis. All applications for examination must be filed with the secretary before January 1, 1916.

ANNA J. HASWELL, *Secretary.*

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its sixth annual convention in the Senate Chamber of the Capitol Building, Madison, October 5 and 6. The address of welcome was given by Mayor A. H. Kayser. Addresses were given by Mrs. Clara Schmidt, president of the Dane County Nurses' Association, and Mrs. H. S. Richards, president of the Madison Women's Clubs. The response was by Regine White, president of the Association. It was voted to become a corporate member of the National Organisation for Public Health Nursing, and to organize a Wisconsin Association for Public Health Nursing; also to affiliate with the Wisconsin Federation of Women's Clubs. The meeting included a session for superintendents of training schools. There were many interesting speakers, among them Mary C. Wheeler of Chicago on The Essential Requirements of Schools for Nurses; Mathild Krueger, of Neenah on Red Cross Work in Serbia and Typhus Fever. Dr. Paul Clark of the University of Wisconsin spoke on Prevention of Diseases. Dr. C. A. Harper, secretary of the State Board of Health, spoke on The Nurse in Her Relation to the State. Others

also contributed to the successful program. The Madison nurses added many pleasant features of entertainment to the Convention—a banquet at the Women's Club Building, an auto ride and a visit to the University of Wisconsin. \$100 was voted to cover pledges at the National Convention. A State Committee for the National Red Cross Nursing Service was selected as follows: Cora Nifer, Chairman, Milwaukee County Hospital, Wauwatosa; Margaret Thomas, Eau Claire; Mrs. Clara Schmidt, Madison; Katherine Lana, Oshkosh; Grace Palmbach, Appleton, Mrs. C. A. Moore, Monroe, Rose Zeratsky, La Crosse; Mrs. Maud Davis and Regine White, Milwaukee. Membership dues of \$25.00 in the Wisconsin Anti-Tuberculosis Association were appropriated. The meeting place for 1916 was left in the hands of a committee. The following officers were elected: president, Mary Good; vice-presidents, Myra Kimbal, Mrs. Kate Kohlraat; treasurer, Margaret Pakenham; secretary, Bertha Schults; directors for three years, Myra Kimball, Green Bay; Margaret Lewis, Eau Claire; Eleanor Zuppan, La Crosse; Mrs. George Ernst, Milwaukee; and Bertha Schults, Milwaukee. Regine White was chosen as a delegate to the National Convention in 1916, also as a delegate to the National Red Cross meeting in Washington, D. C., December 8, 1915. An interesting report of the national meeting at San Francisco was given by the delegate, Mina Newhouse.

Milwaukee.—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its annual meeting at Gimbel's Grill Room, on October 12, the first vice-president, N. Elisabeth Casey, presiding. Dr. A. W. Rogers, of the Oconomowoc Sanatorium, Oconomowoc, gave a talk on the care of mental and nervous diseases. This talk was most instructive from the nurses' point of view in caring for that class of patients. The delegates' report of the Wisconsin Association of Graduate Nurses was most inspiring, as it not only included the work covered by the State Association, but also that of the National Association, at San Francisco. After the adjournment of the meeting the members gathered socially at a little luncheon.

BIRTHS

On September 9, a daughter, to Dr. and Mrs. Homer K. Nicoll. Mrs. Nicoll was Eva Pickens, class of 1909, Presbyterian Hospital, Chicago.

On September 6, a daughter, to Dr. and Mrs. E. L. Lee. Mrs. Lee was Sylvia Chenowith, class of 1908, Presbyterian Hospital, Chicago.

On July 30, a daughter, Ruth Elisabeth, to Mr. and Mrs. L. P. Runyon. Mrs. Runyon was Blanch Rood, class of 1908, Vassar Brothers Hospital, Poughkeepsie, New York.

On October 29, in Utica, New York, a son, Frederick Reynolds, to Dr. and Mrs. Frederick Reynolds Ford. Mrs. Ford was Mary Louise Morrison, class of 1907, St. Luke's Hospital, Utica.

Recently, a daughter, to Mr. and Mrs. Wenk. Mrs. Wenk was Selma Oppenheimer, class of 1906, Maryland General Hospital.

On August 2, in New Rochelle, New York, a son, Francis Lewis, to Dr. and Mrs. F. C. Ligourie. Mrs. Ligourie was Stella Knouse, class of 1912, Hebrew Hospital, Baltimore.

Recently, a daughter, to Dr. and Mrs. Harry Trainor. Mrs. Trainor was a graduate of St. Barnabas' Hospital, Newark, New Jersey, class of 1906.

Recently, a daughter, to Mr. and Mrs. Richard Hensler. Mrs. Hensler was Dorothy Dean, class of 1907, St. Barnabas' Hospital, Newark, New Jersey.

Recently, a daughter, to Mr. and Mrs. Albert Schultz. Mrs. Schultz was Lina Bishop, class of 1907, Hospital of St. Barnabas, Newark, New Jersey.

On October 5, a daughter, to Mr. and Mrs. Jacob Forret. Mrs. Forret was Irene Grace, class of 1911, Mercy Hospital, Des Moines.

On August 28, at Denver, Colorado, a daughter, to Dr. and Mrs. Roy Sheldon. Mrs. Sheldon was Agnes Babcock, Mercy Hospital, Des Moines.

Recently, a daughter, to Mr. and Mrs. W. Brown. Mrs. Brown was Miss Finlayson, St. Luke's Hospital, Cedar Rapids, Iowa.

MARRIAGES

On September 7, at Clyde, Ohio, Margaret Meek, class of 1913, Toledo Hospital, to Eugene Page Mettler. Mr. and Mrs. Mettler will live in Toledo, Ohio.

On October 20, at Aminia, New York, Frances A. Shank, class of 1909, City Hospital, to N. Collins Smith. Miss Shank was superintendent of the Sharon Hospital, Sharon, Connecticut. Mr. and Mrs. Smith will live in Aminia Union, New York.

On September 29, at Orlando, Florida, Jemima Fraser, class of 1911, Union Hospital, Lynn, Massachusetts, to Walter Bradford. Mr. and Mrs. Bradford will live in Winter Park, Florida.

On September 16, at the American Cathedral, Manila, Philippine Islands, Harriet May Knester, class of 1910, Phoenixville Hospital, Phoenixville, Pennsylvania, to Hix James Welch. Mr. and Mrs. Welch will live in Manila.

On July 29, Mary White, class of 1913, Presbyterian Hospital, Chicago, to J. E. Watters. Mr. and Mrs. Watters will live in Hagler, Colorado.

On September 19, Maude Thompson, class of 1909, Presbyterian Hospital, Chicago, to W. H. Moore. Mr. and Mrs. Moore will live in Lafayette, Indiana.

On August 27, at Chatauqua, New York, Mary L. Shave, Norton Infirmary, Louisville, Kentucky, to Harry Kendall.

On August 18, C. C. Collins, Norton Infirmary, Louisville, to Paul C. Davis.

On September 6, Clara E. Heock, to Joseph Kimbell. Mr. and Mrs. Kimbell will live in Louisville.

On August 6, Amanda Baker to C. S. Shoolroy. Mr. and Mrs. Shoolroy will live in Louisville, Kentucky.

At Strait Creek, Kentucky, Qula Wilhoit, Norton Infirmary, to Fred Stokes.

On August 26, in Alberta, Prince Edward Island, Ida May Champion, class of 1904, Massachusetts General Hospital, to Robert Hudson Gordon. Mr. and Mrs. Gordon will live in Montrose, Prince Edward Island.

On October 28, in Utica, New York, Jane Wilcox, class of 1912, St. Luke's Hospital, to Harry McIntosh. Mr. and Mrs. McIntosh will live in Herkimer, New York.

On September 21, Ethel Hupman, class of 1912, Hebrew Hospital, Baltimore, to Ernest Coiner. Mr. and Mrs. Coiner will live in Waynesboro, Virginia.

On October 12, in Pittsburgh, Sara K. Trimble, class of 1899, Allegheny General Hospital, to James E. MacKensie. Mr. and Mrs. MacKensie will live in New Kensington, Pennsylvania.

On September 22, Mabel A. Siddons, class of 1912, Proctor Hospital, Peoria, Illinois, to Jesse O. Bennett. Mr. and Mrs. Bennett will live in Eureka, Illinois.

On September 23, Mary Oetsel, class of 1909, Proctor Hospital, Peoria, Illinois, to Carl Gebhard. Mr. and Mrs. Gebhard will live in Peoria.

On October 20, at Emden, Illinois, Mabel Earl, class of 1914, Proctor Hospital, Peoria, to William Rippey. Mr. and Mrs. Rippey will live in Monmouth, Illinois.

On August 25, Mary Pottinger, class of 1913, Long Island College Hospital, Brooklyn, to Harry Green. Mr. and Mrs. Green will live in Brooklyn.

On September 15, in Montreat, North Carolina, Jean Edna Wheeler, Long Island College Hospital, to Maxey Gregg Latimer. Mr. and Mrs. Latimer will live in Brooklyn, N. Y.

Recently in Somerville, Massachusetts, Nora A. Broswabrau, class of 1904, Boston City Hospital, to Arthur Reynolds.

On September 23, Margaret McGowan, class of 1914, White Haven Training School, to Eugene Devlin. Mr. and Mrs. Devlin will live in Dobbs Ferry, New York.

On October 15, Gertrude Sprague, class of 1915, Long Island College Hospital, to J. Wheeler Smith, M.D.

On October 26, in Rockaway Beach, Long Island, S. Phoebe Sprague, class of 1910, Long Island College Hospital, to Archibald MacDonald Wood, M.D. Dr. and Mrs. Wood will live in Oyster Bay.

On September 14, in New York City, Alice Nesslage, class of 1915, Homeopathic Hospital, Newark, New Jersey, to George W. Herrington. Mr. and Mrs. Herrington will live in New York.

On September 18, in Glen Ridge, Lillian Simmons, class of 1914, Homeopathic Hospital, Newark, New Jersey, to Harry Whelan. Mr. and Mrs. Whelan will live in Newark.

On October 26, Mary Paxton, class of 1915, Presbyterian Hospital, Chicago, to Frank Kaiser Bartlett, M.D. Dr. and Mrs. Bartlett will live in Ogden, Utah.

On October 21, at Jamaica Plain, Massachusetts, Margaret I. Urquhart, class of 1907, Butler Hospital, Providence, Rhode Island, to John W. Sweeney, M.D. Dr. and Mrs. Sweeney will live in Providence.

On November 5, at Newark, New Jersey, Mae Morton, class of 1913, Hospital of St. Barnabas, Newark, New Jersey, to Harold B. Dobson. Mr. and Mrs. Dobson will live in Trenton.

On October 17, at Hesper, Kansas, Della A. Davis, class of 1911, Iron and Fuel Hospital, Pueblo, Colorado, to George J. Votaw. Mr. and Mrs. Votaw will live on a farm near Hesper.

On October 26, at San Antonio, Texas, Hattie L. Brooks, class of 1910, Farrand Training School, Detroit, to Carl Oakman, M.D. After a trip to the Hawaiian Islands, Dr. and Mrs. Oakman will live in Grosse Point.

On October 29, at New York City, Mina McLean, class of 1911, Farrand Training School, Detroit, to C. D. Heaton. Mr. and Mrs. Heaton will live in New York City.

On October 1, Helena M. Teets, class of 1915, Grace Hospital, Detroit, to Arthur Smeck, M.D. Dr. and Mrs. Smeck will live in Detroit.

On October 16, at Kansas City, Frances Hoffman, class of 1912, Mercy Hospital, Des Moines, to Davis Mallory. Mr. and Mrs. Mallory will live in Des Moines.

On October 20, in Kansas City, Missouri, Bernice Edwards, class of 1915, St. Luke's Hospital, St. Louis, to Milton Broenser, M.D. Dr. and Mrs. Broenser will live in Holly, Colorado.

On July 14, at Pana, Illinois, C. Weiss, class of 1915, St. Louis Training School,

St. Louis, to Lieutenant C. H. Hutton, U.S.A. Lieut. and Mrs. Hutton will live in Washington, D. C.

In October, Beattie Shields, class of 1912, Ottumwa Hospital, Ottumwa, Iowa, to J. E. Kerr. Mr. and Mrs. Kerr will live in Albia.

On July 15, at Golden, Colorado, Leila Wilson, class of 1914, Mercy Hospital, Des Moines, to Lyle Shelly. Mr. and Mrs. Shelly will live in Brighton, Illinois.

In July, Ethel Hooven, class of 1913, Mercy Hospital, Des Moines, to Dr. Kern. Dr. and Mrs. Kern will live in Platteville, Colorado.

On November 6, at Saranac Lake, New York, Charlotte Agnes Schaquette, class of 1915, St. Lawrence State Hospital, to William A. Parker. Mr. and Mrs. Parker will winter in Bermuda.

On August 11, at O'Fallon, Missouri, Sallie Stone Edwards, class of 1914, St. Louis Training School, to Horace McCleure. Mr. and Mrs. McCleure will live in Richmond, Missouri.

On September 11, V. R. Coleman, class of 1906, St. Louis Training School, to M. W. Scott. Mr. and Mrs. Scott will live in St. Louis.

On September 15, at Galt, Ontario, Canada, Janette Harkness, class of 1907, St. Louis Training School, to Kennett McDonald. Mr. and Mrs. McDonald will live in Galt.

On September 20, at Sligo, Missouri, Elsie Martin, class of 1914, St. Louis Training School, to C. Roberts. Mr. and Mrs. Roberts will live in Sligo.

DEATHS

On October 8, at her home, Ogdensburg, New York, after several months' illness, Anna O'Neil, a nurse in training at the St. Lawrence State Hospital. Her death is mourned by those with whom she was associated.

On October 21, at Wheeling Hospital, Wheeling, West Virginia, Elizabeth Connors, class of 1902, Allegheny General Hospital, Pittsburgh, Pennsylvania. Miss Connors, who was ill but a short time of nervous trouble, was beloved by all her friends for her noble deeds.

On July 4, at her home, Castile, New York, Mary Moses, class of 1889, Farrand Training School, Detroit. Miss Moses was a private duty nurse.

On October 25, at Harper Hospital, Detroit, Amelia Lavay, class of 1893, Farrand Training School. In 1898, Miss Lavay volunteered for service in the United States Government. She was sent to Honolulu where, for six years, she was superintendent of nurses in the Hawaiian Hospital. Later she was superintendent of the Naval Hospital, Manila, where she proved herself most efficient during an epidemic of typhoid. She returned to this country in 1907.

On October 23, at her home in Anacortes, Washington, Cora L. Smith, class of 1900, Rockford Hospital, Rockford, Illinois. Miss Smith held several responsible positions in Illinois before coming to Washington in 1904, where she entered hospital work. She was keenly alive to and interested in her profession, she served on the first board of nurse examiners and only resigned on account of ill health. For the same reason, she and her partner disposed of the private hospital they had conducted for eight years in Anacortes. For a few months this summer her friends hoped she was improving but the change was only temporary; she suffered from carcinoma of the stomach and uterus. In her going, the profession in Washington has met with a distinct loss as she was a most efficient nurse and a very capable woman. Burial was at her early home in Nashua, Iowa.

On October 15, at the Pasadena Hospital, Pasadena, California, Sara M. Dick, class of 1904, Illinois Training School, after an illness of many months. Miss Dick was a native of Canada. She was at one time an assistant superintendent of the Illinois Training School under Miss McInnes. She went to California in charge of the "White Cross" and for a time did private nursing in Berkeley, but of late she had lived in Pasadena, where she took an active part in nursing affairs, having been president of the Graduate Nurses' Club. She had a strong personality and her influence was always on the side of justice and right. She was lovingly cared for during her weeks of suffering by the nurses who were her friends. The simple funeral services were arranged by them according to her wishes. Burial was in Toronto, Canada. She will be greatly missed; she was a good friend. She looked life in the face and she met death with the same courage. "Let her works praise her."

"Somewhere" in France, Margaret Hamilton, a graduate of the Protestant Deaconess Hospital, Indianapolis, Indiana, and a member of the Central Directory, St. Louis. Miss Hamilton sailed from New York in June, 1915, with the Illinois Unit of doctors and nurses, for service in France. The last heard from her, which was a few days before notice of her death, she was well and very enthusiastic about her work.

On November 1, at the Kansas City General Hospital, of pneumonia, Mary Quigley, class of 1914, General Hospital. Miss Quigley was beloved by all who knew her, for her cheerful disposition and sunny smile made many friends. Funeral services were held in the cathedral on November 3, when six nurses acted as pall bearers.

On October 11, 1915, at her home in Wallaceburgh, Ontario, Canada, Beulah Burgess, class of 1914, Farrand Training School, Detroit.

On October 12, 1915, at Boulder, Colorado, from the after-effects of an operation, Clara E. Brownson, class of 1904, Wichita Hospital, Wichita, Kansas. Since 1908, Miss Brownson had been engaged in private nursing in Boulder. She was invaluable to those to whom she ministered; not alone because of her strength, wisdom and nursing skill, but above all because of the uplift of her steadiness and her quiet, never-failing cheerfulness, the result naturally flowing from her brave, strong, firm, deeply-religious personality. Her patients never forgot her and were at the last, except for her closest and dearest, her sincerest mourners. It was a wholly unexpected death and so the harder to bear, but as surely as her life continues on and on, so surely will her memory and influence abide as a pervasive factor in the life of the community.

TOO LATE FOR CLASSIFICATION

There will be a meeting of the National Committee on Red Cross Nursing Service at 1 p.m., on December 7, at Red Cross Headquarters, 1624 H Street N.W., Washington, D. C. There will also be a joint meeting of the National Committee, delegates from the state nurses' associations, and any members of state and local committees who may be present, on December 9, at 2 p.m., at Red Cross headquarters.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

MATERIA MEDICA AND THERAPEUTICS: A Text-Book for Nurses. By Linette A. Parker, B.Sc. (Columbia University) R. N. Bachelor's Diploma in Education, Teachers College, Columbia University, New York. Illustrated with 29 Engravings and 3 plates. Lea & Febiger, Philadelphia and New York. Price, \$1.50.

The problem of teaching materia medica is solved in the most satisfactory manner by the use of Miss Parker's text-book. It is divided into six parts; these in turn are made up of chapters, each of which contains matter for one lesson, or, where the subject covers more than is convenient for one lesson, it may be subdivided into two or more lessons. Thus, drugs are taught by their action on the systems: the nervous system, muscular system, circulatory and so on. Besides the various drugs, their derivation, preparation and use, the book takes up the use of other therapeutic measures, such as psychotherapy, hydrotherapy, electrotherapy and the uses of serum, vaccine, and ray therapy. There is, too, a chapter concerning poisonous and habit-forming drugs and legislation relative to such. There is a chapter devoted to suggestions for review of the work done, one on prescriptions, another on experiments and demonstrations and, in fact, nothing is omitted which would be of use to either pupil or teacher.

THE HEALTHY BABY. By Roger H. Dennett, M.D. Instructor in Diseases of Children in the New York Post Graduate Medical School; Assistant Attending Physician to the Babies' Wards in the New York Post Graduate Hospital; Chief of Clinic in the Post Graduate Dispensary for Children; Fellow of the New York Academy of Medicine. The Macmillan Company, New York. Price, \$1.00.

This book, which is written that every baby may be made a healthy baby, is addressed to mothers and to those who undertake the care of young children. It is, nevertheless, a book which all nurses will find profitable reading.

"Lack of success in life is due in many cases to physical defects that might have been avoided by an intelligent bringing up," says Dr. Den-

nett, and again he remarks, "The baby whose digestion is ruined by wrong feeding may grow up to be a dyspeptic adult who can neither do his share of work in the world nor receive his share of pleasure out of it." And again, "The mother who employs a nurse should devote some of her time to the baby and should supervise all its care. To do this she must know how. It is bad policy to have a poor nurse and a good cook; if a choice must be made between the two, the nurse should have the superior intelligence."

That Dr. Dennett is in love with the subject of his book, no reader can doubt, and it is hard to think of any detail possible for the development and maintenance of good health and proper habits in a child that has been overlooked or omitted.

MENTAL MEDICINE AND NURSING. For use in Training Schools for Nurses and in Medical Classes and A Ready Reference for the General Practitioner. By Robert Howland Chase, A.M., M.D., Physician-in-Chief, Friends' Asylum for the Insane; Late Resident Physician State Hospital, Norristown, Pa.; Member of American Medico-Physiological Association; Member of the Neurological Association, Philadelphia. J. B. Lippincott Co., Philadelphia and London. Price, \$1.50.

The fault with this book from the nurses' point of view would be that it is concerned with medicine to the exclusion of nursing. The book proper is devoted to the analyses of mental diseases and only a few pages are given to actual treatment and nursing. The subject, Mental Nursing, is well covered in as practical a manner as possible and the writer claims to make it plain and elementary in character. Beginning with a brief description of the nervous system and its functions it arrives, in Part III, at Insanity, its Causes and Symptoms, and the effect it produces upon the mind and body of its victims. Part IV is devoted to the classification of different forms of mental diseases and Part V takes up the treatment and nursing.

OUTLINES OF INTERNAL MEDICINE. For the use of Nurses. By Clifford Bailey Farr, A.M., M.D., Instructor in Medicine, University of Pennsylvania; Assistant Visiting Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital, etc. Illustrated with 71 Engravings and 5 plates. Lea & Febiger, Philadelphia and New York. 1915.

This book is intended to fill the great need of something between the extremely inadequate teaching of medicine, furnished in the majority

of text-books on nursing, and the ponderous books on treatment and diagnosis which are popularly supposed to contain a great deal that a nurse need not know. It is intended for reference and teaching and contains the essentials of symptomatology, prophylaxis and treatment. Beginning with the nervous and mental diseases, the book takes up Diseases of the Blood and Glands, Diseases of the Circulatory System, Diseases of the Lungs, Diseases of Digestive Tract, Diseases of Metabolism, Diseases of the Urinary System, Diseases of the Muscles, Bones, and Joints, and the Diseases due to Heat and other Physical Causes and to Poisons.

Part X of the book is devoted to Infectious and Parasitic Diseases. This is subdivided into six chapters, number one being devoted to general considerations, the other five taking up the four classes of infections.

A MANUAL OF PERSONAL HYGIENE: Proper Living Upon a Physiologic Basis. By American Authors. Edited by Walter L. Pyle, A.M., M.D., Member of the American Ophthalmological Society; Fellow of the American Academy of Medicine; Fellow of the College of Physicians of Philadelphia; Assistant Surgeon to the Wills Eye Hospital, Philadelphia, etc. Contributors: D. H. Bergey, M.D., J. W. Courtney, M.D., George Howard Fox, M.D., Joel E. Goldthwait, M.D., E. Fletcher Ingals, M.D., Walter L. Pyle, M.D., B. Alexander Randall, M.D., G. N. Stewart, M.D. (Edin.), Charles G. Stockton, M.D., Harvey W. Wiley, M.D. Sixth Edition, Revised and Enlarged. W. B. Saunders Co., Philadelphia and London. 1915. Price, \$1.50.

The new sixth edition of our old friend, *Personal Hygiene*, comes to us with a new chapter on "The Hygiene of Infancy," as well as a chapter on "Food Adulteration," by Dr. Harvey W. Wiley, thus following Dr. Pyle's plan of adding some new contribution to each edition of his work. The book has been reviewed more than once in these pages and we can only add that it is better than ever.

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